DOCUMENT RESUME

ED 036 009 EC 004 847

TITLE	PROCEEDINGS OF THE STATE CONFERENCE FOR TEACHERS OF EXCEPTIONAL CHILDREN (SHERATON HOTAL, LOUISVILLE, KENTUCKY, OCTOBER 25-26, 1968).
SPONS AGENCY	KENTUCKY STATE DEPT. OF EDUCATION, FRANKFORT. DIV. OF SPECIAL EDUCATION.
PUB DATE	68
NOTE	107P.
EDRS PRICE	EDRS PRICE MF-$0.50 HC-$5.45
DESCRIPTORS	ADMINISTRATION, AURALLY HANDICAPPED, EDUCABLE MENTALLY HANDICAPPED, *EXCEPTIONAL CHILD EDUCATION, *FAMILY INVOLVEMENT, GIFTED, *HANDICAPPED CHILDREN, MENTALLY HANDICAPPED, NEUROLOGICALLY HANDICAPPED, *PARENT ATTITUDES, PHYSICALLY HANDICAPPED, SPEECH HANDICAPPED, *STUDENT EVALUATION, TRAINABLE MENTALLY HANDICAPPED, VISUALLY HANDICAPPED

ABSTRACT

THE PROCEEDINGS INCLUDE ADDRESSES BY BERNARD WEISSKOPF ON THE PARENTS OF THE HANDICAPPED CHILD, BY WILLIAM J. TISDALL ON STUDENT EVALUATION IN SPECIAL EDUCATION, AND BY MERLE B. KARNES ON THE INVOLVEMENT OF THE TOTAL FAMILY IN THE EDUCATION OF THE HANDICAPPED. GROUP REPORTS ARE PROVIDED ON THE CRIPPLED, NEUROLOGICALLY IMPAIRED, VISUALLY HANDICAPPED, SPEECH AND HEARING IMPAIRED, AND GIFTED. FURTHER REPORTS TREAT ADMINISTRATION, THE TRAINABLE MENTALLY HANDICAPPED, AND THE EDUCABLE MENTALLY HANDICAPPED AT PRIMARY, INTERMEDIATE, AND JUNIOR AND SENIOR HIGH SCHOOL LEVELS. (JD)

ED036009

CONFERENCE PROCEEDINGS

State Conference for Teachers of Exceptional Children

Louisville, Kentucky
October 25-26, 1968

EC004847

ED036009

STATE CONFERENCE
FOR TEACHERS OF EXCEPTIONAL CHILDREN

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Sponsored by:

Division of Special Education
Bureau of Instruction
Department of Education
Frankfort, Kentucky

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Official
Program

STATE CONFERENCE FOR TEACHERS OF EXCEPTIONAL CHILDREN

October 25-26, 1968
Sheraton Hotel, Louisville, Kentucky

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FRIDAY, OCTOBER 25, 1968

5:00 -
7:30 p.m. REGISTRATION AND EXHIBITS

7:30 -
8:30 p.m. FIRST GENERAL SESSION

Presiding:	Don C. Bale Assistant Superintendent for Instruction State Department of Education
Greetings:	Wendell P. Butler Superintendent of Public Instruction State Department of Education
Keynote Address:	"Parents of the Handicapped Child" Bernard Weisskopf, M. D. Director, Child Evaluation Center Department of Pediatrics School of Medicine University of Louisville

8:30 -
9:30 p.m. COFFEE HOUR

SATURDAY, OCTOBER 26, 1968

8:00 -
9:30 a.m. REGISTRATION AND EXHIBITS

9:30 -
10:45 a.m. SECOND GENERAL SESSION

Presiding: Jean L. Bell
Consultant
Division of Special Education
State Department of Education

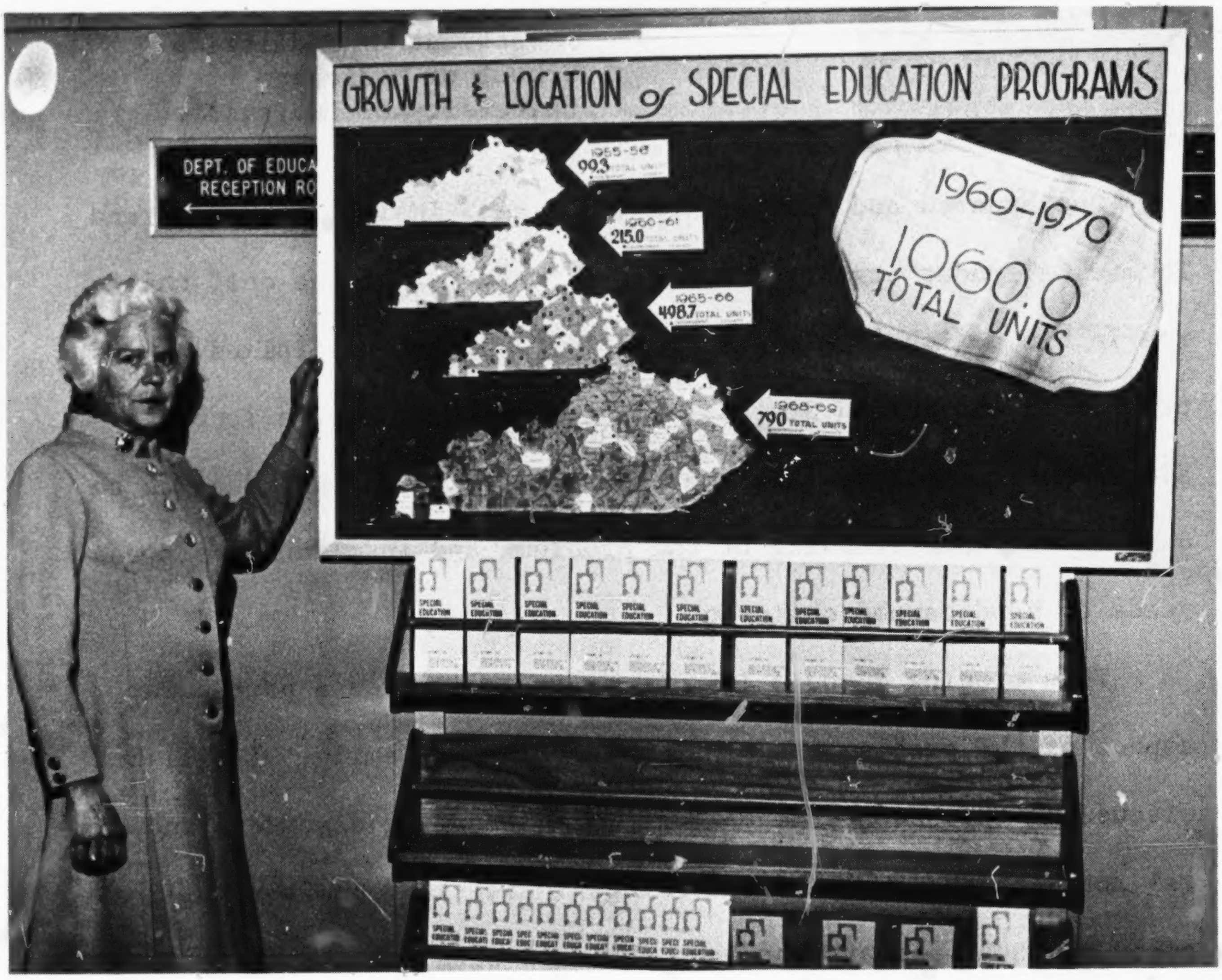
Address: "Evaluation of Exceptional Children"
William J. Tisdall, Ph. D.
Chairman, Department of Special Education
College of Education
University of Kentucky

11:00 -
12:30 p.m. GROUP MEETINGS

12:45 p.m. LUNCHEON MEETING

Presiding: Thomas H. Robeson
Assistant Director
Division of Special Education
State Department of Education

Address: "Family Involvement in the Instructional Program for Exceptional Children"
Merle B. Karnes, Ed. D.
Professor of Special Education
Institute for Research on Exceptional Children
College of Education
University of Illinois


GROWTH & LOCATION of SPECIAL EDUCATION PROGRAMS
DEPT. OF EDUCA
RECEPTION RO
1955-56
99.3 TOTAL UNITS
1960-61
215.0 TOTAL UNITS
1965-66
498.7 TOTAL UNITS
1968-69
790 TOTAL UNITS
1969-1970
1060.0
TOTAL UNITS
SPECIAL EDUCATION

Dr. Stella A. Edwards, Director of the Division of Special Education, stands beside the Division exhibit which was on display during the Conference. The exhibit shows the growth and location of Foundation Program classroom units and was displayed among Special Education Instructional media exhibits provided by various publishing companies.

Under the Foundation Program Law, the number of classroom units for exceptional children increased from 99.3 units in twenty-nine (29) school districts during the 1955-56 school year to 790.0 in one hundred thirty-four (134) school districts during the 1968-69 school year. The budgetary allotment for the 1969-70 school year is 1,060.0 units.

PARENTS OF THE HANDICAPPED CHILD

Bernard Weisskopf, M. D.
Director, Child Evaluation Center
Department of Pediatrics
School of Medicine
University of Louisville

One hundred and fifty-three years ago, in 1815, the Reverend Thomas Gallaudet organized a class for several of the deaf children in his parish. This was probably the first special education program in the United States. Although we have come a long way since then, we all realize that there is still a great deal to be done in our understanding of the problems and in planning for the needs of handicapped children.

This evening I would like to explore with you a particular aspect of the problem, and that aspect is the family. I will be discussing the parents of children with learning disorders and mental retardation. Many of the things I will say, however, will also apply to those parents who have children with other types of handicaps.

I noticed in the program that I was listed as the Keynote Speaker, so I looked up Webster's definition of a keynote address. It is defined as a speech designed to present the issues of primary interest to an assembly and often to arouse unity and enthusiasm.

I realize that as teachers your primary interest is in the child. I want to impress upon you tonight, however, the importance of the family, because you cannot really help the handicapped child without understanding the parents as well.

I don't expect to arouse unity, though, for if I thought I could do that, I would be asking for your vote instead of your attention.

I do hope, however, that I can arouse your enthusiasm for a deeper understanding of the feelings, attitudes and needs of these families. If we could, many of us would avoid contact with these particular families. However, all of you have, at one time or another, encountered a family who, in spite of all your endeavors on behalf of their child, still appears to be angry at the teacher and the school. Many of you have also come in contact with parents who are unable to accept the limitations of their child. It becomes extremely difficult to help such children unless one is also able to help the family, and in order to do this, one needs to understand the parents. Let us then explore the feelings, attitudes and needs of the parents of handicapped children.

Foremost, and probably the earliest feeling to occur is that of utter confusion. Such confusion, for a fortunate few, exists only briefly, but for most, it is prolonged and may serve as a source of great anxiety. Feelings of confusion usually begin at the time the parents first realize there is something different about their child and begin to search for answers to their questions. When their child's problem involves a developmental abnormality, answers do not come easily to the parents. Few professionals are available who possess the skills to use the infant developmental scales adequately and who will trust the validity of these tests as a predictor of mental abilities and disabilities. As a result, most families, concerned that their child is delayed in motor or language development, are advised to wait until the child is two or three years of age for a more definitive diagnosis. For some parents many more years will pass before they are able to get an accurate picture of their child's defect and its long-term significance.

In those children where the developmental delays are less severe, the parent may not become aware of a problem until the child enters school. Even though these parents have been spared the confusion during the child's earlier years, they may now wander from professional to professional in search of the reasons why their child is not learning properly. In such cases, the family may go from a pediatrician to a neurologist, then to a psychiatrist, and finally end the route by seeing an educator. Their child may be diagnosed as having cerebral palsy by a pediatrician and brain damaged by a neurologist, or he may be labeled hyperactive by a psychiatrist, dyslexic by a psychologist, and found to have a perceptual handicap by an educator; while yet another professional may refer to him as an exceptional child. Each of these experts, diagnosing the same child, but working in isolation of the others, have come to define the child's problem in terms of their own point of view and their own particular interests. According to a recent review of terminology undertaken by Dr. Sam Clements, there are, at the present time, at least thirty-eight diagnostic terms being used to describe children with learning difficulties. With few exceptions was there any attempt made to define the term used or even give a description of the condition. If we, as professionals, find ourselves at times confused by different terminology for often similar problems, consider the dilemma of the less sophisticated parent.

Families with such handicapped children may be advised to do nothing by one professional, to lower their expectations by another, to control their own emotions by still another, and to creep and crawl with their child by yet another. Is it really any wonder that these parents become confused and anxious?

And then, there are those parents who are not told, by a well-meaning but overprotective professional, what the problem really is. The questions the family asks concerning their child's problems go unanswered with a reassurance that all will go well with time. But often all does not go well, and with time, the confusion increases and their anxieties become even greater. It is not too difficult to see how such long-term, unresolved feelings of confusion can be a source of great anxiety to these parents.

This emotional stress may not only affect the parent-child relationship, but may interfere with the families' ability to deal adequately with other aspects of their daily lives - including their interaction with other members of the family and community. It may, therefore, also have adverse affects upon their attitudes toward, and relationships with, professionals such as physicians and educators; the very people who are trying to help the child and the family. In response, the unsophisticated professional may find himself retaliating with his own negative feelings and attitudes while unintentionally reinforcing the family's original attitudes and feelings toward professionals. It becomes very important, therefore, that professionals dealing with handicapped children understand these families and that they understand their own feelings and attitudes as they respond to these parents.

Another problem that faces professionals in dealing with parents of handicapped children is the use of denial by some families. My own hypothesis is that this denial often stems from an earlier need the parent had to use such denial as a defense mechanism to resolve his anxieties during the period of confusion. In other words, I'm saying that, during the prolonged period of confusion, the parent finds that he or she can resolve their uncomfortable feelings by denying that a problem really exists. The use of denial, thereby, becomes a fixed pattern of behavior for the parent, and one which he will use again and again to alleviate his anxiety as the problem becomes more obvious. And so, in the beginning, the parents need to deny what they suspect, but is not confirmed, and later will continue to deny what appears evident.

It seems, therefore, that after going through a prolonged period of unresolved confusion, parents may continue to deny a problem even though this has been defined to them by competent professionals. Such denial will interfere with the parents' ability to accept their child's limitations and can become a source of great frustration for the professional who is working with the child and his family. It can also be emotionally detrimental to the child who may find his home environment making unrealistic demands on him in relation to his limited abilities.

In order to adequately deal with the problem of confusion and its consequences, we will need to make comprehensive evaluations available to these families at the time they first suspect a problem. We will then need to help the family understand and accept their child's handicap. Understanding and accepting are actually two different processes. In order to understand, parents need expert counseling which will define the problem to them at the level of their understanding, and their questions will need to be answered in an honest manner. After such counseling, a professional should be available, on a long-term basis, to help with new problems as they arise. Acceptance, on the other hand, is a much more involved process and is dependent upon the family's ability to resolve certain feelings, attitudes and needs which will arise after the parents have some understanding of the problem.

Guilt is another feeling frequently encountered in parents of handicapped children. Such guilt may have different bases for its origin. One basis may stem from the parents seeing the child as a projection of themselves, therefore, viewing the child's handicap as a reflection of their own defect for which they assume the blame. However, for some parents, feelings of guilt may have their origins in an act or event in which they were involved or have caused, and one which they come to feel may be responsible for their child's defect. Often, an insignificant act or event may place an unrealistic burden of blame on the parents. The family frequently finds it difficult to talk about such an act or event and will carry the burden alone rather than allow a professional to reassure them of its innocence. Even when these burdens are discussed with a professional, he may be unable to reassure them that this was truly an insignificant factor. Not too infrequently, self-blame may stem from some wrong information the family has acquired about their child's condition. At other times, a family may have been told something quite innocently which they interpreted as a projection of blame on themselves. As professionals, we need to be extremely careful about what we say to these families, and how we say it.

The most insignificant comment may become the major focus of their attention. Counseling these families, therefore, requires insight into the feelings, attitudes and needs of the family. We may also encounter parents who have a need to blame themselves, regardless of what the facts may be. No matter how much they are reassured by professionals that they were not at fault, the words are not heard. These families will need more extensive help in resolving their feelings.

Occasionally a parent has to face realistic evidence of his or her responsibility in having caused the child's defect. A parent I recently saw, for example, had made an unsuccessful attempt at a criminal abortion. In cases like this a parent will particularly need to work through her guilt feelings with a trained professional.

In still other parents, feelings of guilt may stem from the belief that the sins of the parents are visited upon their children. How many of us can really look back at our lives without being able to reflect on some wrongful deed or thought? For some parents, the child's misfortune represents punishment for sins they have commited. In these cases, a clergyman can serve as a valuable professional resource for the family.

Whatever the origins, we need to recognize that guilt feelings can be a factor in changing the parent-child relationship as well as the parents' interactions with others in the family and community.

We must, however, be extremely careful that we do not simply label the parents as "guilt ridden" and blame all of their child's difficulties on such feelings. The term, guilt, must not take on a sinister connotation; for in itself, it is a natural reaction to the situation.

Unresolved guilt feelings in the parent, however, may mobilize protective and possessive behavior toward their child, thereby exempting him from demands and responsibilities. This may further interfere with the child's development and cause an additional handicap. Unresolved guilt feelings may also lead to withdrawal on the part of the parent to the extent of rejecting the child, and this may then enhance the feeling of guilt. We need to recognize that an "overprotected" and "overloved" child may, in reality, be one that is being rejected by the parents.

In addition, some parents will need to project the blame for the child's handicap onto others in order to resolve anxieties created by their own guilt feelings. Such blame may fall upon a physician such as the obstetrician who delivered the child or the pediatrician who failed to diagnose the defect early in life. In some families, one parent may project the blame onto the other, although, there is usually no realistic basis for this. It is probably true, although not well documented, that there is a higher divorce rate among families with handicapped children. No one is quite sure, however, whether the handicapped child is the actual cause or simply an excuse for the parents' marital difficulties.

In a recent therapy session, the mother of a mentally retarded child was able to recognize her own need to project the blame for her handicapped child. She stated in this session, "When I finally realized that my child was handicapped, I needed someone to blame. I just couldn't carry the responsibility all by myself. I began by blaming my husband. I'm not quite sure why. I had not wanted another child, but he did. Later, I blamed the doctor who brought my defective child into the world. I even blamed and resented the specialist who first told me that my child was defective. I suppose we often use the doctor as a scape goat. If only the school had the programs he needs, everything would be tolerable." Doctors are the most frequent ones on whom the blame is projected, and rarely is there any valid justification for this. Even teachers and schools are not spared this need to project blame. All of us, who are professionally involved with the handicapped child and his family, will need to understand and to effectively deal with parents' guilt feelings and often with their need to project blame. It is my experience that these are among the most difficult of the problems the professional encounters when dealing with families of handicapped children.

Another feeling frequently encountered is disappointment, which is naturally related to the parents' expectations of their child. In those families with a high educational standard, even the slightest learning impairment will generate great feelings of disappointment. A disability must be more severe before feelings of disappointment are evident in those families with more modest educational expectations of their children. In these cases, professionals must be careful not to project their own high expectations and feelings of disappointment onto the parents.

We still understand very little about the development of maternal feelings in a mother whose child is a disappointment because he is not developing as he should, and hence, serves as a source of frustration rather than pride. This feeling of disappointment may have an adverse affect on the parent-child relationship. When disappointment exists, parents need to recognize that such a feeling is natural and not let it serve as a source of further guilt.

There are certain other feelings experienced by parents of defective children such as embarrassment and shame. Embarrassment is a common response in most of us when any kind of attention is focused on us or someone close to us. Usually, we can handle this without great difficulty, but when aroused in connection with a defective child, the feeling becomes more complicated and disturbing. The repeated embarrassment which parents of handicapped children often experience may give rise to resentment toward their child. Since resentment toward their handicapped child could lead to further uncomfortable feelings, projection of this resentment may be mobilized as a defense mechanism. We may, therefore, find resentment projected toward others rather than toward the child for which it was originally intended. Consequently, resentment may be directed toward the professional who is trying to help the child, but who, in so doing, continues to call attention to the child's defect. At times, we find that such feelings of resentment grow malignantly into strong feelings of hostility toward those who direct any kind of attention on their handicapped child. Such hostility may be directed toward the school or the professional who recommends placement of the child in a special education program or any other setting which will separate him from normal children, and consequently, call attention to his defect. As physicians and teachers, we need to recognize these feelings of embarrassment, resentment and hostility and need to deal with them adequately. If not properly handled, these feelings in the parents can become an interfering force in our attempts to help the child.

Along with the other feelings I have discussed, chronic worry is another problem observed in parents of handicapped children.

They naturally worry about what will become of their child and whether or not everything possible is being done for him. Such feelings and concerns may send them searching for something better for their child until they feel assured they are doing everything that can be done. For some, such security never comes and they are constantly searching for something new. Many of these families actually lack a good relationship with a professional whom they can trust and one who will be able to help them gain the secure feeling they so badly need. Some of these insecure families may place great pressures on the schools to implement unorthodox and unproven techniques in their special education curriculum. These feelings of insecurity and chronic worry must surely have their affect on the child as well as on the community. As I said before, these parents need to have available to them professionals with whom they can have a trusting relationship and someone who will be able to reassure them that everything possible is being done for their child. But, can most professionals really give a family such reassurances when they, themselves, are uncertain about the new fads and have their own doubts about the best care for certain handicaps? And where will we find such an army of professionals?

Another important, and often unmet, need that families have is to be able to feel that they, as parents, are actually doing something to help their handicapped child. We will have to meet this need for personal involvement. Certain unorthodox treatment programs take advantage of these parental needs and, therefore, may be the reason why they sometimes succeed in helping the family, and consequently the child. I do not, however, advocate that parents become involved in academic tutoring as a form of participation because this might have a detrimental affect on the child. A child with a learning problem, who experiences unavoidable frustrations in school, must be able to return to a home where he feels accepted regardless of his disability. He must not come to look upon love and acceptance by his family as dependent on academic achievement. On the other hand, the parents must not be subjected to the daily frustrations of tutoring a child who has learning difficulties. There are many other ways in which parents can be made to feel they are playing an important role in helping their child. Participation in parent groups is one effective method of getting the parents involved.

We need to recognize that we cannot adequately help the handicapped child by telling his parents to relax and let others alone assume the responsibility for helping their child. As parents, they have a need to be involved in such a responsibility.

These, then, are some of the feelings, attitudes and needs of the parents of handicapped children, which as professionals, teachers, and physicians alike, we need to understand and adequately deal with if we are to truly help the handicapped child.

Mr. Wendell P. Butler, Superintendent of Public Instruction, is introduced to Dr. Bernard Weisskopf, keynote speaker for the Conference. Making the introduction is Mr. Don C. Bale, Assistant Superintendent for Instruction.

EVALUATION IN SPECIAL EDUCATION

William J. Tisdall, Ph.D.
Chairman, Department of Special Education
University of Kentucky

The term "evaluation" has been greatly overworked. It is a catch-all phrase which has been used for just about any activity that involves planning and execution. We cannot escape the process of evaluation. It's a part of human thought and an important part at that. I refer, for example, to one of the most recent paradigms regarding the structure of human intellect in which the process of evaluation plays a most prominent role. This is the theoretical model established by J. P. Gilford some 15 or 20 years ago in which he expands upon the Primary Mental Abilities developed by Thurstone. He calls them Intellectual Operations and they are: Cognition, Memory, Convergent Thinking (or problem solving-type thinking), Divergent Thinking (or moving off into new directions or new ideas), and, finally Evaluation. This means that if we are going to know something, and if we are going to remember it, and we are going to use it either to solve problems or to generate new ideas, we are also going to evaluate it throughout the entire process. I might refer to an even older notion and one which has widespread acceptance. This is the Gestalt notion of the principle of Pragnanz. The Gestalt psychologists referred to this as the theory of "good fit". That is to say, if you have a group of cues or clues about something, a group of parts that might eventually make up an entity, you are going to evaluate it as you put it together in your mind. So evaluation plays a prominent role in that notion of learning and of intelligence and I dare say, that we would be hard-pressed to find a theory of intelligence or a theory of learning that did not incorporate the very important aspects of evaluation.

Webster defines evaluation very simply. He states: "to ascertain the value or amount of, to appraise." I think that this definition is apt for our work in Special Education since we are, or at least we should be, involved in ascertaining the amounts of educational growth in students and that, I submit, cannot be done without assessing the growth of our programs in Special Education. A very popular phase in Special Education today is "learning disabilities." We use it in the context of children with learning disabilities and it involves both the evaluation of children and their problems, prescriptions of what we might do for them, and how we are going to go about doing it. Well, I say that evaluation and prescription are also germane to our programs and to our teaching. So we might consider a couple of other terms, such as "program disabilities" and "teaching disabilities." I think these are particularly critical in Special Education where we deal with anomalous children. First of all, we have larger number of variables to deal with in our teaching. Secondly these variables are more complex, and thirdly, I think it's a greater personal challenge to work with anomalous children. In this field, one's personal motivations and one's commitment really should be firm as opposed to taking a job solely for a salary, because it's not the easiest of occupations and I think I'm just reflecting something that all of you know. So evaluation cannot be extracted from the total process.

A few examples of the necessity of evaluation in Special Education that set it apart from the education on non-handicapped children might be as follows: I would call these "super-evaluations" because I think that we have to do those things in evaluating our programs and our children that pertain to non-handicapped children, but then we have to do something in addition. For example, with a visually handicapped child, we have to look at his program just as we would look at any child's educational program, but, in addition, it's important to consider the ophthalmological pathology of this particular child. He may require certain kinds of therapeutic drugs or activities in order to keep his visual mode healthy. We also have to evaluate his ability to "see" abstractions, and this is not at all easy.

With the hearing handicapped child his super-evaluation might consist of things like of whether or not he will adjust to a hearing aid, or: Will he have the ability to read speech or will he not, or will he be an underachiever from the beginning of school and will he remain an underachiever?

With an orthopedically handicapped child, his super-evaluation might raise questions like: Will he adjust to prostheses, or what is to become of him socially? We might ask questions about the complexities of multiple handicaps with the orthopedically handicapped child. We might ask questions about the interface between the child and the equipment that is so often needed in working with the orthopedically handicapped.

A retarded child's super-evaluation might incorporate such questions as: Is he also brain injured, and if so, what are the implications? We might ask just how far can he go in school, or what will he do as an adult? Now this is a question of such great magnitude that we still have trouble answering it and we've been in business a long time.

The speech defective child's super-evaluation might raise questions such as: Is this an articulation or an organic disorder? And often it is not easy to make distinctions between them. We might raise the question of the best approach to this particular child's stuttering problem, or, to get even deeper into that one, what is stuttering? What is the correct theory with regard to the causes of stuttering? We might also ask the question, Should this child be referred to a therapist, a dentist, a surgeon, or all of these people and more?

The emotionally disturbed child's super-evaluation might raise the question of just exactly how much stress can this child stand or what's the best placement for him? Should he be in a special class, should he be in a residential school.....where should he go? And those of us that are concerned with emotionally disturbed children in Kentucky really need to look at that question. Should the emotionally disturbed child's program be structured or should it be unstructured? Should he have parameters surrounding his activities or should his program be flexible?

The gifted child's super-evaluation will almost always raise questions such as: At what point in the intelligence scale does the child need Special Education or is this a qualitative question? Does he need acceleration, does he need depth enrichment, does he need breadth enrichment or does he need all of these or none of them? Why does he excell in mathematics and underachieve in English?

These are questions of super-evaluation, in my judgment. I think the answers to questions like these demand that we understand and employ the evaluative techniques that we have at our command. Appropriate evaluation will dictate the appropriate educational or remedial approach with the individual child. We could also raise questions like these regarding effective programming for exceptional children and those questions too, I suggest, demand evaluation.

The evaluation phenomenon itself may be viewed from several different perspectives, but I want to choose the temporal perspective for today; that is to say, historically, for the past, the present and the future. It's just one way of looking at the evaluative phenomenon.

We can go about assessing the way things were in the past. We do this by consulting the literature, consulting the history of programs, and the history of the field. We can look at things the way they are right now in several different ways such as observations, ratings, formal and informal tests, consulting records and through recommendations. We can look at the assessment of the way things might be in the future by utilizing hypotheses, theories, laws and predictions. Each of these cut across the evaluation of both program value and student progress. And again I submit, these two things are inextricable, they are interdigitated and they are correlated. By that I mean, when one is good, so is the other, when one is bad, so is the other. When a student is making progress he is making progress because of a program that instills progress. When he's not making progress, the program leaves something to be desired.

What are some problems that we encounter--some pitfalls of the evaluation process in Special Education? With regard to these temporal categories that I outlined, I choose to call one "Historically Cyclical Band-wagon Capers." Now what do I mean by that? Well, in our field, and in general education, something will have occured in the past that seemed to be a good thing and seemed to be working. Then, for some reason or another it died out. A new generation comes along, and a new generation after that, and pretty soon somebody in the third or fourth generation discovers a whole new way of looking at things. Then somebody makes the mistake of consulting the literature and concludes: "Well, they were doing this a hundred years ago." It wouldn't be too difficult to cite some examples of this. There has been a lot of discussion in our field recently about physiological approaches to working with learning disabilities for all kinds of handicapped children. And if we were to consult the literature, and note the physiological approach of Seguin about 125 years ago, we would see that the remedial methods that he proposed are not at all unlike the remedial methods that are proposed today by so many advocates of a particular "new" approach. Now it's true that Seguin had a different philosophy, he had the notion that if a child had difficulty in learning it is because there are sensory impairments in the child. His eyes and his ears may be alright but for some reason the messages aren't getting into his head. We have a different notion about that today. But yet, if you look closely at the works of Seguin, you would find that his remedial approaches are very similar to some of the more popular notions today which come out under the aegis of a "new" approach.

Another example might be that there are many people who have the notion that the Montessori approach to working with preschool youngsters is a new phenomenon. As a matter of fact, Maria Montessori developed most of her more popular notions while working with, and developing programs for retarded children; and this happened many, many years ago. She also happened to be one of the first trainers of teachers of the retarded; and a lot of people think it is impossible that teacher training started some place other than in the United States.

So these are what I call "historically cyclical band-wagon capers." There are band-wagons that come along every year. It's somebody's idea, somebody's opinion, somebody's notion. A school district will invest hundreds of thousands of dollars, maybe millions of dollars into a new idea, in a building that the teachers simply find they can't work in for one reason or another. In other words, a proper evaluation was not conducted.

Now, regarding the literature of our field. Who has the right answers? This might be referred to as the: "School of Thought Syndrome and its Concomitant Brick Walls." That is to say, there are varying interpretations of the literature; some people accept interpretation A, and some people accept interpretation B, and then there is the fellow that can stand neither so he developes interpretation C. This may be viewed as the building of "brick walls" because it's difficult to see beyond a particular interpretation. So the literature can be confusing--not just in the field of Special Education but in any field.

Moving to testing as an evaluative technique. What's a culture-free test and who is free of culture? Or "Sorry you're a 76, you can't come play in my EMR class." Well, there is a lot to be said about this business of testing; again, a matter of interpretation; again, a matter of differences between tests, among tests, and within tests.

Moving to the notion of observations, I have the idea that some people might think, "my clipboard is my security board, and what I put down must be correct because, after all, I made an observation." How about this one, "I've got the rating scale blues, but I'll continue to use a scale because it's all I've got." There is a wide variety of opinion about the use of rating scales.

With regard to looking into the future in terms of evaluation, one might say, "I'll hypothesize that my theoretical position is more theoretically sound than your theoretical position." Or to take the other approach; i.e., "enough theory, when are you going to tell me what to do and how to do it." Well, speaking of what to do, we might look at such factors as these: First of all, schools must be evaluated if school programs are to be in a continuous state of improvement and if children are to realize maximum benefit from them. Secondly, we must be cognizant of whether or not we are evaluating internal or external variables. That is to say, variables that percipitate behavior in the child from and outside, or an exogenous, direction such as cultural deprivation, or from an internal direction such as an inherent handicap. It's not always easy to see this difference. Furthermore, internal and external variables overlap. Your environment will affect your heart rate, your breathing, your blood volume, your blood pressure, your thoughts and so forth. In the September issue of Exceptional Children, the lead article by Lloyd Dunn brings home very clearly how extremely important it is that we take this notion into condideration. Dr. Dunn goes so far as to say that we've been calling retarded children "mentally retarded" because there is something wrong with their brains--they don't have enough of something. We've engaged in this practice for a long time and he submits that a vast number of these youngsters behave as they do because of external, not internal, forces. I'm not sure that we can all draw the same conclusions that Dunn draws, but it certainly is an important question to take into consideration.

One of the most frequent questions that staff members at the Lincoln School have brought to their attention is,"If this is a school for children with above-average intelligence and cultural deprivation, how do you separate the two things, how do you identify them, how do you go about this business?" First of all, we are talking about the assessment of two phenomena that have, to say the least, gross standard errors of measurement. It's difficult to assess with a great deal of precision the phenomenon of cultural deprivation. Furthermore, the literature tells us that an intellectual assessment is affected by cultural deprivation. So, as Dunn raised the question with retarded children, one could easily raise the question with bright children. How do you approach this child? Well, it takes a lot of skill, I think, to see just exactly what is going on with regard to the potentially bright child who comes from a socially disadvantaged background. You have to look at things like this: Here is a youngster who on the best assessment that we have at our command today, the best test, will come out with an intelligence quotient of maybe 105 and we accept him into the school. Why? He's not bright. He's obviously not a bright child. Well the reason we accepted him is because we looked at other things. We found, for example, that in the eighth grade he was achieving at the 10th grade level. Now a child who is chronologically old enough to be in the 8th grade is not going to achieve at the 10th grade level if his mental age is consistent with his chronological age. Therefore, his intelligence quotient must be higher. He falls into this superficial category of being an overachiever. Well, what's the problem? The problem is that, because of his particular background, he finds it very difficult to interact with the items, the requests, the demands of the intelligence test because he does not have the cultural background to support these demands. So we look at achievement levels. We also look at teacher ratings, counselors' recommendations and principals' recommendations. We talk with the parents. We talk with the child. We draw our own conclusions. Now I'm not here to eschew or condemn intelligence tests. I believe that they are very useful techniques. What I'm saying is, that in the process of "super-evaluation" we have to look at the youngster from every possible direction--all facets--to come up with an effective evaluation. When we do this we are reducing the probabilities that we will arrive at erroneous conclusions.

I think another important point that we must consider is that because we are dealing with anomalous children, we tend to mis-evaluate; we often miss the mark. We tend, for example, to slow down, to back off, to "walk on egg shells." We get anxious about "pushing kids." In the field of mental retardation there has been a series of efficacy studies done over the last ten (10) or fifteen (15) years which prove this. Every efficacy study that has been done shows that if you leave an educable retarded child in the regular grades, he will, at the end of his elementary program be doing better academically than the child in the special class. If we look at social variables, it's a different story; if we look at divergent thinking, it's a different story. Nevertheless, we do tend to back off, slow down, to walk on egg shells when it comes to the child's academic preparation.

Learning, to be effective, must be a frustrating experience. Well, the question is, how much frustration? You can overwhelm the youngster (which is the opposite of walking on egg shells) or you can stay right on the edge of frustration. A well-known writer in the area of the emotionally disturbed, Dr. Fritz Redl, talks about the phenomenon of "Frustration Budgeting." He is talking, in this context, about not overwhelming an emotionally disturbed youngster with activities that are too frustrating for him. The same applies to learning. You don't know something but you're going to learn it. The difference between not knowing it and eventually knowing it is frustrating. So I submit that we must stay on the keen edge of frustration; don't back off, don't slow down. I think that if we were to do this, then all of the other benefits of special class teaching would still show through, but the efficacy studies would change in character. Now this can only be done, in my judgement, on the basis of a solid foundation of effective evaluation. That's the only way that you can stay on the keen edge of frustration; otherwise you're going to miss the mark. You're going to be too far away from the child or you're going to be too far beyond him. Once we make up our mind about that, then I think we can make sound choices regarding teaching techniques. For example, if you evaluate a child's reading readiness by virtue of a visual approach and then you select a phonics method for teaching him how to read, you have at your command virtually no data. All you know is how he can behave visually. You don't know very much at all about how he can behave auditorially.

The choice of teaching technique is dependent upon not only quantity, but quality of evaluation. I would, for example, refer to the teaching profile; the profile of differences within the same child that can be plotted. This is the most handy and worthwhile type of evaluative graph that you can have at your command for the purposes of teaching the child. And I'm using "teaching" in a broad context here; teaching as it applies to anyone who works with exceptional children--the counselor, the school psychologist, the school nurse, the administrator, etc.

With these notions in mind, let's again look at our temporal scheme. Sometimes it is useful to consult history to prompt a re-emergence of methods formerly used, but I would say that this is appropriate only if you can improve upon what has already been done. It seems to me that if something has been tried in the past, and then dropped, it was probably dropped for a good reason. We still have a long way to go with regard to the validity and the reliability of a lot of these methods, but we can go back to the historical fact itself and we can build upon it, we can elaborate and we can be divergent upon it; we can look at new approaches to it even new ways of looking at it.

With regard to literature, it is often found to be full of inconsistencies and disparate points of view. But I submit that this is what leads to new directions, this is what leads to innovation.

If you have 15 points of view on one particular factor, it's the fact that we are looking at all of these things that cause us to go off in new directions. I think the key here is that we use our abilities to remember, to generalize, to see relationships, to solve problems and to think divergently. If you can't generalize, if you can't see relationships, then you're not going to go off in new directions, you're just going to keep doing the same thing over and over until somebody also tells you to do something different. But if you can relate this point of view with this apparently disparate point of view you may very well come out with something totally new and it may be good or it may be bad. This we find out when we evaluate. In other words, the validity and the efficacy of a new idea will depend upon how well it is evaluated during and following its development. For example, planning a curriculum is a very difficult task. It's laborious, intricate, involved, complex and very demanding. So, why would we enter into such an activity if, when we got to the end, we didn't know if it was going to work. So what we typically do when we build the curriculum, or at least what we should do, is to evaluate it as we go along. We look at the literature, we scan it as thoroughly as possible. We take a theoretical standpoint, or we incorporate several theories, or we look at disparate theories and we come out with a new theory. Then we build our curriculum and then evaluate it. If we don't do this, we are putting a big investment into something that we're just not sure of.

With regard to the matter of testing... It is extremely important, in my judgment, that we make correct choices of evaluation techniques. I would like to point out an interesting thing that we just sort of accept. Let's take for example the very bright child. Child A has an intelligence quotient of 165 and child B also has an intelligence quotient of 165 and they both come from the same socio-economic background, therefore they've got to be the same. They are both 12 years old, the fathers have similar jobs and the mothers do the same thing; same number of siblings and so forth. Child A was tested on the Binet and child B was tested on the Otis, and we say: "Yes, this is true, this is accurate, they're the same." But it's not the same; one of those tests doesn't go that high. There is about a 40-point difference in the ceilings of tests for 12 year olds among commonly used intelligence tests. Now what does that mean? Well, it means that we can't make blanket statements about the scores of different kids. The important thing is that if we are going to use this kind of information that we ought to know a little bit about it.

Again, with regard to making accurate choices in tests, how in the world can we test a hard-of-hearing child with a test that is largely verbal? But it's done. Over and over again people have been trying to standardize performance items for blind children. Now sometimes you can come up with a standardized performance item for a blind child. But what does it mean once you get it? What do you match it with? What do you validate it against? People say that the blind tend to be underachievers; the blind tend to score about 10 points below normal on intelligence tests. Well, how can they say that when the only evidence we have for the statement is that these children tend to score low on intelligence tests? What we are doing when we say that is to relegate the problem to the child and leave the test pure and free.

We must not disregard the importance of interpreting the results of evaluations. We must know and we must understand various techniques. We cannot make blanket statements about all tests. If every one of the instruments that we use had as small a standard error as, say a bathroom scale, we'd be in good shape; but they don't. We deal with probabilities. We deal with probabilities because we deal with human behavior and human behavior is not as predictable as human weight. Furthermore, we don't have to accept something as being true and accurate just because somebody said it was. Again, I refer to the use of profiles based upon good evaluation. You evaluate a child on as many variables as you can and you plot his progress on a profile of these variables. As a result, you are able to see relationships and you're able to generalize. You are able to come up with new ideas of how you might help the child.

Now with regard to observation. An observation is an information gathering device and it can be as simple as noticing a pained expression on a child's face. It doesn't have to be a formalized clipboard arrangement where you sit in the back of the room with a crowd-counter and a stop-watch. I think that good programming and good teaching is often based on split-second observations. They don't have to be any kind of a "big deal," but they can make a big difference if we just take the trouble to make use of the cues that students are giving us all the time. These cues can of course be negative or positive. They can be active or inactive. For example, I think that a child sleeping in class is giving off a very strong cue and the observant teacher will take note of it.

Let's get out of the rigid notion that an observation is some kind of a structured activity. It can be if your're going to collect data for a research project of some kind. But it can be as simple as just taking note of a child's problem. Those of you who teach young children in particular; don't you agree that you learn, you pick up these little cues in let's say classroom management discipline? With that child you have to twist his ear to make him behave but with this child all you have to do is just smile and he'll behave; this boy over here, you've got to frown and he'll behave, this other kid you've got to take him down to the principal's office. Well how do you learn these things? You learn them by observing children.

Ratings are evaluation techniques which tend to enjoy a somewhat dubious reputation. Professors are constantly being put under the gun these days by their students who say, "What do we need grades for? It's what we learn that counts." Well that may be true, but how do we know how much or how well they are learning unless we make an evaluation? This is the gauge. It's the gauge to pace, it's the gauge to boredom, it's the gauge to the keen edge of frustration in learning, or it's the gauge to the total collapse of the entire learning situation. Students will say, "Boy, this professor is fantastic, he is just great, we're learning a lot." But this guy over here... nothing; he brought out one concept at the beginning of the year and we're still working with it and here it is Christmas. How do you know how deep or how fast to go? You know by evaluating. I submit again; with exceptional children where you do have anomalous behavior and complexities of variables with which to deal, this is a very critical consideration.

I think that a recommendation should be the natural outcome of dissatisfaction with the status quo. You evaluate the problem, you devise improvements and evaluate them, and you make recommendations where necessary. Sometimes you can skip the recommendations and go right to the implementation. For personnel purposes, recommendations have been greatly misused. I am referring to making recommendations about a youngster or about a program. A child is going to move out of your class next year. What kind of recommendation can you write that will help the next teacher?

On the matter of record keeping, we often accept this as just a "pain in the neck" that we've got to put up with. But that's because of the way that records are typically kept. You might have a child who has been in school 8 years; he has a cumulative folder with 8 different lines on it and nothing else; just 8 different lines on which his grades have been marked down. I believe we should be keeping complete information-storage kinds of records. I think that good records can be the core to effective teaching. If you make fifteen observations on this child today... I don't care how good you are... you're not going to remember all of those fifteen things unless you record them. And you may not use all fifteen at once. You may find out that of the fifteen things that you noticed about the child today, you're going to be able to use one tomorrow and fourteen are going to come in handy a little later on. Where do you put them? You put them in the child's record--I mean working record. You look at achievement levels, critical learning problems, factors related to frustration budgeting, what ideas might work with him at a later date, idiosyncrasies of the child, and so forth.

Let's look at this busines of the hypothesis that I was talking about. Now we are in that future temporal dimension. A hypothesis can be a bet you make with yourself that something will or will not work and a guess at what you need to do to make it work. It is a guideline to action, it's a plan. If it works fine, if not, take the next hypothesis, but evaluate to see if it did or didn't work. We hear about prescriptive teaching when you make an evaluation and then you draw up an educational plan or a prescription for this child. In this instance we're stating a hypothesis based upon the evidence of an evaluation. I think that a hypothesis is a very important ingredient to prescriptive teaching. It's a guess about what's going to happen when you bring your skills to the event.

On the matter of theory, it is not uncommon for many people to shun theory and use a cookbook approach to teaching. I think that the use of theory leads to flexibility. The use of the cookbook leads to rigidity in teaching. Teachers in training often say, "Enough of these learning principles and theories of learning tell me what to do." I think both are important, but I think that if you don't have a solid grasp of principles of learning, of theories of learning, of theories of child development, theories of educational psychology and human behavior that you're going to be at a severe disadvantage. You're going to be rigid and stilted in your teaching. If you need to follow a cookbook that badly then I think you ought to get out of teaching, join the Army and learn close order drill.

A most important factor in Special Education is the notion of working with psycho-social, and not just the academic, variables.

In higher education we tend to work with the academics and we pay very little attention to the students' personal needs. But in Special Education, where you've got anomalous children, you must work with the total of complex variables which the child presents to you. Teaching math to a trainable child is no big deal. That's not academically stimulating to the teacher. The thing that makes Special Education a good field, I think, is the fact that we are working with the child's mind and not just an academic content area. Even if you are dealing with gifted pupils, you need to know content, you need to know subject matter, you've got to stay ahead of him, but you've got to get it through to his mind and that's the important factor in our field. Students come to me and say, "Why do I have to take a course in children's literature?" Well, it's not the content that's going to be stimulating to these college students. They can go home and read the Brothers Karamazov and get their kicks. It's what you do with what you've learned in the course in children's literature that is important. It's how you get it across to the kids that are going to appreciate that kind of literature that is important.

Well, we can have a good grasp of the psycho-social factors and we can be bright enough to deal with them, but it all comes to naught if we are not motivated to use them ourselves and to constantly evaluate our own programs. We often bewail the exigencies of motivating students. Could much of this really represent questioning about our own levels of motivation? That's something to think about. That's something to evaluate. I think our students, our profession, our professionalism could depend upon it.

Dr. William J. Tisdall, speaker for the Second General Session, and Dr. Merle B. Karnes, luncheon speaker, discuss highlights of the Conference.

INVOLVEMENT OF THE TOTAL FAMILY IN THE EDUCATION OF THE HANDICAPPED CHILD

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Special educators repeatedly stress the importance of a close-working relationship between home and school, but in practice, they have minimized the role of the family in the education of the handicapped child and exaggerated the importance of the role of the school. Rarely have school and home formed a partnership which involved the active and sustained participation of members of the family. Seldom have knowledge and thinking been shared, have teacher and parents discussed the child's problems, cooperatively set goals, and developed an action program to promote the child's total development--his intellectual, physical, social-emotional and academic growth.

The parent-school relationship, inadvertently perhaps, has consisted of conferences where the teacher "tells" the parent about the child's progress, his strengths and weaknesses, and interprets the school's educational program for the child. The special teacher may give the parent "helpful hints" for cooperating with the school but guardedly avoids any recommendations that have to do with helping the child learn school-like tasks. Thus, the special teacher is prone to present herself as the authority who knows what should be done for the handicapped child and serves as a fountain of knowledge. Three thirty-minute conferences a year are typical in most programs, but even when more frequent conferences are held, we must seriously question whether they are of any real value in promoting a meaningful dialogue between home and school or in effecting any significant change.

Many special educators feel that home visits rather than conferences at school give the teacher a better understanding of the child. The teacher can become better acquainted with the family and can observe the child in his home. However, if teachers have not established the kind of rapport that makes parents feel comfortable, that makes them feel they are capable of participating, and, indeed, have the right to participate in the educational development of their child, the dissonance between school and home may be accentuated instead of lessoned by such visits. Again, the infrequency of such visits mitigates against their effectiveness.

Another typical form of parent-teacher contact is the group meeting. A standard procedure provides a guest speaker (another all-knowing authority) to lecture to the parents on a topic chosen in all liklihood by the teacher. Little consideration is given to what parents feel would be a helpful and meaningful program. No research study to date indicates that attendance at such meetings results in improved adjustment or achievement of the handicapped child.

Still another kind of parent involvement is represented by the tasks assigned to parent helpers at school: providing transportation for field trips, providing cookies for holiday parties, serving in the classroom as a volunteer to do menial tasks such as straightening the library books, setting up the materials for art, and general clean-up work. Again the parents remain on the periphery of the educational process.

When one stops to consider that parents, and siblings for that matter, have been the prime educators of the handicapped child prior to his school attendance, it is paradoxical to assume that when the child enters school, the family no longer plays a part in his education. On the contrary, the role of family members as educators of the child should not be denied or diminished at such a time, and it is presumptuous to assume that the school can or should be totally responsible for the child's educational progress or lack of progress.

It is clear to me, as I am sure it is clear to you, that our parent or family involvement programs are far from ideal. Because I was dissatisfied with the parent involvement programs in the special education programs under my direction in public schools over a period of twelve years--programs for the deaf, for the partially sighted and blind, for the mentally and physically handicapped, for the social-emotionally maladjusted, for those with speech defects or learning disabilities, and for the gifted--in recent years I have been conducting research on the effects of involving various members of the family in the education of the preschool disadvantaged child. It is my belief that these ideas are applicable to other programs for children, to the various programs for handicapped as well as gifted children. In other words, what we learn from working with one segment of the population is often transferable to other segments.

These research programs began with certain assumptions: (1) Various members of the family can learn to teach disadvantaged children following a curriculum developed by professionals. (2) The instruction, at school, of professional staff members can be reinforced and expanded at home, and the motivation to learn of the young disadvantaged child will be enhanced when family members help in his instruction. (3) Parents and siblings will come to feel more adequate in their role as "teacher" as they acquire effective ways of working with the disadvantaged preschool child.

Training of Mothers of the Disadvantaged to Teach Three- and Four-Year-Old Children in the Home

The first experimental program (Karnes et. al., 1968) trained mothers to become more effective in stimulating the intellectual and language development of their preschool children. Three- and four-year-old disadvantaged children were assigned to an experimental or a control group, comparable groups on the basis of sex, race, initial Binet I.Q. The mothers in the experimental group were involved in a training program, those in the control group received no training. All children remained at home without the benefits of a preschool experience.

The mothers in the experimental group attended eleven weekly two-hour sessions and were paid $3.00 a session for participating. They received no compensation for working with their children at home. Mothers were encouraged to feel that they were important members of an educational research team whose responsibility it was to develop and test instructional materials. Stress was placed not only on the value of the materials to their child but to other children as well.

At each meeting the mothers constructed at least one instructional game to be used with their child the following week. Inexpensive, readily available materials were used to develop such activities. At the first meeting each mother made a puppet from a sock; the puppet was useful in fostering language development throughout the program. Other educational games made by the mothers included a flannel-board with accompanying cut outs to be used when telling a story, with number, color, or shape games; other activities included classification games made from clothing pictures cut from a catalog, lotto, matching games with gummed seals, number games made from bottle tops, buttons, or popsicle sticks. The mothers learned finger plays and songs at the meetings and received copies to take home to use in teaching their children. In addition, books and puzzles were checked out weekly by each mother. Early in the program mothers were taught how to read story books effectively, using the pictures for sequence and recall, asking the child a variety of questions, and emphasizing key vocabulary. Mothers learned to help the child label objects in his immediate environment, to expand labels to sentences, to make more precise observations and visual and auditory discriminations, to ask questions, to follow directions, and to continue with a task until completion.

Each week the group discussed how instructional materials had been used effectively at home or introduced problems they had encountered. Individual differences among children were readily apparent to mothers during such discussion periods. As time went on, the mothers took increased responsibility for the planning and evaluation of activities.

The results of the study were encouraging. The experimental subjects in less than three months increased their mental age six and one-half months, evidencing a mean I.Q. gain of 7.5 points. On the other hand, the control subjects gained approximately three months in mental age, an I.Q. gain of only .07. On an initial assessment of language development (ITPA) the experimental subjects scored seven months below their chronological age expectancy. On the post-test they reduced this discrepancy five months, scoring two months below their CA expectancy. On the other hand, the control subjects initially scored three months below their CA expectancy, and on the post-test increased this discrepancy by one month, scoring four months below their CA.

Several factors seem to account for the significantly better performance of the experimental subjects. (Karnes et. al., 1968).

> "First, mothers were paid for attending the meetings and were fully recognized as important members of the educational team. Second, as opposed to a lecture approach, the mothers were actively involved in developing materials to be used during the week with their children. The training situation was not threatening and provided an opportunity for a positive relationship with authority figures. Third, the teachers visited in homes, providing materials for mothers who were absent, offering further teaching suggestions, and evaluating the appropriateness of the activities. Fourth, because the mothers had made many of the instructional materials and understood their use, they could approach the teaching of their children with confidence. They could readily observe the progress of their children and were immediately rewarded for their mutual efforts."

This approach can be adapted for use with parents of any socio-economic level who have children with various handicaps. If the child were blind, materials would emphasize tactile, motor, and auditory learning. If the child were deaf, instructional materials would be primarily visual or tactile-motor in nature. The success of the program, however, can be assured only by actively involving the parents as part of the instructional team.

A similar program involved the training of mothers of infants. The two-hour weekly session was handled somewhat differently. The first hour was used to discuss problems parents experienced with their infants. The professional teacher guided the discussion, but the subjects discussed were selected by the parents and the solutions were drawn from the group. The professional teacher made no attempt to give an answer but encouraged parents to think through the problem.

The school provided a lending library of toys, puzzles, and books for the parents to check out weekly to use at home to stimulate the development of their infants. The following week, parents would share with each other the uses they had made of the toy with their infant. Professional staff supplemented these suggestions and served to summarize discussions and emphasize major values in particular toys.

While this program has not been evaluated on a research basis, these parents felt the meetings were beneficial and requested that the group reconvene the following fall. The implications of this program for working with very young handicapped children can not be overemphasized. Authorities such as Hunt (1964) state that the strategic age for intervention may be during the preschool years. Many handicapped children have environmental disadvantages associated with their particular handicap. If these disadvantages can be compensated for and if remediation can take place during the preschool years, the handicapped child may later make improved academic progress and exhibit better all-around adjustment.

Involvement of Mothers as Teachers in the Classroom

Paid or volunteer paraprofessionals have been used in the classroom to assist teachers with routine duties such as attendance, checking papers with a key, operating visual aids equipment, or assembling instructional materials. To use paraprofessionals as teachers is not only new to the teaching profession but generally frowned upon by professionals and by parents as well. The argument generally given against such procedures is that the children will suffer--they will not learn as much when taught by paraprofessionals who have no formal teacher-training at the college level as they will learn from professional teachers.

In the fall of 1967, I initiated a research project using paraprofessionals closely supervised by a professional as the teachers of four-year-old disadvantaged children. Data obtained from a battery of standardized tests which assessed intellectual, language, and perceptual development and the school readiness of the children was similar to data obtained on the same battery of tests given to a comparable group of children taught by professional staff.

The paraprofessionals in this study were from the target area and had no education beyond high school. The paraprofessional rated as the most effective teacher had terminated her schooling at the eighth grade. While these paraprofessionals did not have children in the classes they taught, all had young children.

While a period of training before classes began would likely have been beneficial, the paraprofessionals in this project learned to teach on the job and were initiated into the classroom the first day. A planning period before the children arrived and a follow-up evaluation after the children were dismissed were held each day for in-service training of the paraprofessionals. The pre-arrival period was used to assemble the instructional materials and to review lesson plans for the day. The post-class period was used to evaluate the day's instructional program and to plan for the following day. The professional assumed the major responsibility for over-all program planning and for the specific lesson plans to be used in the three highly structured periods covering the areas of language, reading readiness, mathematics, and social studies-science. Some of the concepts taught in math or social studies-science were unfamiliar to the professionals, and the professional teacher of necessity taught these concepts to the paraprofessionals before such materials were presented to the children. The primary method used to transmit the lesson plans to the paraprofessionals was through role playing. Lessons were acted out with the professional and paraprofessional taking turns as pupils and teacher.

After approximately six weeks the paraprofessionals were able to assume some responsibility for the detailed planning of the three structured periods of the instructional program. Some of the post-class planning time could then be used to discuss more than immediate plans or problems. By the ninth month, the professional discontinued her written lesson plans for the three highly structured periods. She continued, however, to take responsibility for the over-all lesson plans and to meet with the paraprofessionals to clarify plans. Planning now took less time and more time could be spent on evaluation. The paraprofessionals were instructed to record notes on the performance of each child. Often this was accomplished when the professional took the total group for an activity such as music.

As the year progressed, the paraprofessionals acquired appropriate techniques for teaching young disadvantaged children and an understanding of the learning process. The paraprofessionals demonstrated creativity in lesson plans and flexibility in their approaches to teaching individual children. As might be anticipated, the immediate problems of "discipline" were often discussed during the evaluation periods. Since parents from the low socioeconomic brackets seem to be more authoritarian and punitive than middle-class parents, specific help in developing positive techniques for handling the negative behavior of children was given considerable attention. The value of well planned lessons at the child's level and the merits of praise and success as ways of preventing discipline problems were stressed.

Time does not allow a full report of the research findings, but, however, you will recall that in general the progress of the children in this program was essentially the same as that made by a comparable group of children taught by professional staff. It would seem, then, that the paraprofessionals, mothers from the target area, when carefully selected and supervised by a professional can become effective teachers of preschool disadvantaged children.

Involvement of Older Siblings as Teachers in the Classroom

In a similar research program sixteen- and seventeen-year-old siblings of children from the target area were enrolled in a high school work-study program and employed as preschool teachers. They were paid $1.50 an hour for four hours daily. The curriculum described earlier again constituted the instructional program; again a supervisory teacher assumed the responsibility for general goals and specific lesson plans and conducted planning and evaluation sessions before and after class.

This program presented problems not found with the paraprofessionals who were mothers. Since the teenagers were enrolled in school for half a day, their schedules often interferred with adequate pre-planning and evaluation periods. Further, the teenagers did not have the commitment to the program shown by the mothers and their experience with young children was, of course, more limited. The attendance of the teenagers was not as good as that of the older women.

The professional teacher continued to supply lesson plans throughout the year. These plans were typed in detail and included wording for statements, questions, encouragement, and praise. Suggestions were included for the handling of the inattentive child or the possible behavior problem. During the pre-planning period, the paraprofessional teenagers reviewed the lesson plans for the day and obtained clarification form the professional. Role playing was again used to communicate techniques of instruction. During the first weeks the professional taught demonstration lessons with each group of children while the teenager observed. Enthusiasm of presentation, involvement of all children in the learning process, methods for presenting and clarifying key concepts and for providing adequate repetition and the necessity for praise were included in such demonstrations. As time went on, the teenagers began to acquire effective teaching skills.

There were, however, two areas in which the teenagers were less effective as teachers. Their language models were not ideal since they too came from disadvantaged homes. The professional suggested proper model sentences to use when presenting specific content, and to some extent, the teenagers acquired more standard language patterns themselves. The teenager lacked adequate background to teach certain concepts, especially in social studies and science. Again, the professionals taught the concepts to the paraprofessional before the material was presented to the children.

The statistical analysis has not been completed in this study but early evidence suggests that these children made I.Q. gains comparable to those made by children taught by a professional staff. The supervisory teacher felt that the preschool provided a warm and rewarding learning experience for all of the children involved and that they had benefited from the educational experience provided by their high school "teachers."

This study has implications for many programs of special education, especially those involving young children. Teenagers can serve effectively as teachers when closely supervised by a professional. Using teenagers to teach in summer programs for the handicapped would have real possibilities since most teenagers are not involved in work-study programs and are not able to spend long periods of time as teachers during the academic year. Such a plan offers possibilities for recruitment of pupils who have the ability and motivation to obtain further education and become professional special educators.

Involvement of Younger Siblings as Tutors of their Preschool Siblings

During the summer of 1968, a project involved the tutoring of three- and four-year-old disadvantaged children by their ten- and fifteen-year-old siblings. The older sibling brought his younger brother or sister to the preschool for an hour daily to learn tutoring techniques. The professional staff planned the program, supplied the materials, demonstrated the activities, and provided an opportunity during these sessions for the older sibling to try out his newly learned skills with his younger sibling.

The activities were similar to those used in the preschool curriculum referred to earlier. Language development was an integral part of all learning activities which were typically presented in a game format. A looseleaf scrapbook was provided each sibling and contained instructional materials to be used at home. The words of the finger play and the words and music of the songs were among the most popular materials sent home. Take home materials were designed to review and reinforce what had been taught during the hourly session at school and included pictures to label and describe and sequence pictures to arrange in telling a story. Large pictures of a boy and girl were used for naming body parts. Pictures of farm animals helped children to identify animals, to make appropriate animal sounds, and to identify products from various animals. Pictures were used to teach concepts such as big and little, tall and short. Discrimination of shapes and colors were taught with squares, circles, and triangles cut from construction paper. Inexpensive children's books for reading aloud at home were provided the teenagers who used them extensively throughout the summer program.

It may have been more difficult for these young teenagers to teach their preschool siblings at home than it had been for the paraprofessionals in a preschool setting. The teenage siblings did not seem to realize that their attitudes, participation, support, and praise affected the preschool child's behavior. They sometimes became cross and disgusted with their younger siblings. Discussion with the young teenagers revealed these attitudes changed during the summer and many became conscientious in their work with the young sibling at home.

Pre and post data suggest that even this short term study (eight weeks) helped to stimulate the intellectual and language development of the preschool children involved. The value to the teenagers of this program was not evaluated. An interesting follow-up might determine if the older children become more motivated to learn as a result of their involvement in this program of if they continued to work with their siblings when they were not paid to do so. Similar training programs designed to teach teenagers too young to obtain employment to teach their younger, handicapped siblings would be particularly feasible during the summer months.

Summary

These research projects conducted at the University of Illinois, Institute for Research on Exceptional Children, seem to indicate quite clearly that mothers of disadvantaged children can learn to be effective teachers of their preschool children both in the home and in a preschool setting. Older and younger teenagers present more problems as teachers but can be taught to work effectively with their younger siblings. The research suggests that professional teachers can serve more children if they have a staff of paraprofessionals who not only relieve her of the routine and menial work but actively serve as teachers. It must be recognized, on the other hand, that paraprofessionals need intensive in-service training and sustained supervision to teach effectively. The paraprofessional does not displace the teacher but extends her professional competencies so that more children can be served and so that all children may receive the individual attention they require to develop their potential to the fullest.

The paraprofessionals in these studies were paid to participate in a total family involvement program, but the financing of such a program is not an insurmountable problem in special classes. The government is willing to support innovative programs and currently there are legislative provisions specifically designed to upgrade personnel. In addition, parents and siblings of handicapped children from the middle- and upper-classes can volunteer their services. Involvement in programs such as I have reviewed today can be intrinsically rewarding to parents and older siblings. I do urge you to review the family involvement in your own program. I hope there are workable ideas in my remarks today that can expand and revitalize your parent program. Try out your own adaptations and new ideas and share your results with the rest of us who are also seeking more effective ways of working with families of the handicapped.

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Presiding at the Saturday, October 26 Luncheon is Mr. Thomas Robeson, Assistant Director of the Division.

GROUP I

CRIPPLED

At the general meeting of teachers of crippled children, twenty persons were present. Mrs. Frances Atkinson of the Bowling Green Independent Schools acted as consultant for the entire group. In a brief introductory talk, Mrs. Atkinson indicated that teachers of crippled children should be "kind, considerate, long-suffering, and hold a tender spot in their hearts for all children." She emphasized the fact that providing educational opportunities for crippled children and making them happy is a complex problem, because abnormalities vary with each child and services vary from community to community according to the resources available. She also stated that these facts should not discourage teachers of these children since crippled children have the same basic requirements of all children and should receive the same educational opportunities. She commended the teachers present for their interest in helping to solve some of the problems encountered in providing these opportunities.

As prearranged in light of last year's experience, the participants were then divided into two groups. One group consisted of teachers of home-bound children, and the other group consisted of teachers of self-contained classrooms.

Mrs. Jean Stewart of the Bourbon County Schools was chairman of the home-bound teachers; Mrs. Atkinson, consultant; and Miss Florence Martin, testing psychologist for Fayette County Public Schools, recorder.

Mr. Robert Farley of the Paris Independent Schools was chairman of the self-contained classroom group; Mrs. Robert Farley, recorder;

and Mrs. Margaret Brown from Shriners Hospital, Consultant.

Home-bound Group

Mrs. Stewart's group discussed class load, new equipment, and new materials.

Class Load

The present case load ranges from eight to twelve students. The home-bound teacher must meet the six-hour-twenty-minute day and professional meetings required of all teachers. When a teacher is assigned a maximum of twelve students, she often must spend many extra hours of preparation and class work. Such a situation should be worked out through the local superintendent. The teacher should be assigned only the number of students she can effectively teach. Other students could be placed on a waiting list to be taken into the program when space becomes available. Some students are eventually able to return to school, which releases places for those on the waiting list. Sometime hospital patients can be combined and, thus, provide for a wider utilization of the teacher's time.

Equipment

There was a feeling among the group that the maintenance of the teacher's car should go beyond mileage. A car soon wears out on this job. Ashland, under a Title I grant, has an equipped station wagon. The teacher stops in the driveway, a ramp is lowered, and the pupil comes out to her. This makes for a much better teaching situation than the home. It was stated that there are some homes in which teaching conditions are impossible. The van is well equipped with teaching materials.

New Materials

As in every area of teaching, new materials are constantly being made available to teachers of crippled children. Those recommended in the brief time we had were:

1. SRA
2. Show and Tell
   Can be bought at Shillito's and other stores.
   Machine - $30.00
   Tapes - $1.00 per set
3. T-Mac (programmed learning)
   Grade level - 7th, 8th, 9th, and 10th.
4. Grollier Teaching Machine
   25 courses, $10.00 - $15.00 per course
   (can be re-used) The pupil must be highly motivated.
   This material is not recommended for the slow learner.

In discussing eligibility for the home-bound program, the participants felt that a pupil should have an I.Q. of 75 or above. In case of multiple handicaps, he is accepted when there is no other program. A pupil is not accepted on the basis of being emotionally disturbed, and acceptance of an epileptic depends upon the local situation and the physician's advice.

The home-bound class tends to be a catch-all. The teacher should go to proper authorities for proper channeling.

Classroom Groups

The teachers of crippled children feel that the group discussion portion of the Conference is of vital importance and through it many solutions to prevalent problems can be found. The group concerned with crippled children in the classroom discussed the following problems and some of their possible solutions:

1. Music can play an important role in keeping up the morale of a crippled child. It can also be subtle therapy. At the Shriners' Hospital in Lexington, rhythm instruments have been very effective. The younger students responded to their use

very well, but the older ones needed a reason for using them, i.e., a program. Therefore, they perform in their rhythm band on Hospital Day.

2. Trays to hold students' books seem to be a universal problem. They must be adjustable to meet the various needs of the children. The ideal kind are those used for servicemen in the hospital, but they are difficult to obtain. One very serviceable tray is made by Kay Surgical Company in Lexington, Kentucky.
3. An overhead projector is very helpful for the child who is in traction or who can only look up. Projectors can be borrowed from the Cincinnati Library, or from Frankfort.
4. Another provoking problem is finding a way for a child to hold a pencil. Several "tricks of the trade" were shared. One method is to tape the pencil in the hand or use velcro. Zaner-Bloser Company makes a pencil holder which is very good. Another "homemade" method is to put a mitten (not a glove) on a child's hand, put it in plaster of Paris and let harden to make a pencil holder.
5. For the child who cannot use a lapboard, a clipboard may be used. It is of much lighter weight and will hold his papers (especially useful if he cannot use one hand).
6. Prism glass may be used at certain times, but the eyes become very tired with prolonged use. The maximum length of time for its effective use is about one hour.
7. Workbooks are excellent educational aids. The best procedure is to tear out a page at a time (especially easy to use with clipboard). Unnecessary writing is eliminated in this way.

8. There is a great need for a more effective testing and screening program. Children are often placed in classes which are not designed to serve their needs. This is a serious problem and we should be concerned about it.

9. One other pressing problem is that not enough attention is being given to readiness tests.

10. The attitude of the regular classroom teacher is extremely important. Without realizing it, she seriously hampers a child when she feels sorry for him and rates him higher than his capability. As a result, he is put in a level that is beyond his ability. As a result he cannot do the work and suffers frustration and defeat.

Chairmen - Robert L. Farley
Paris Independent Schools
- Jean Stewart
Bourbon County Schools
Recorder - Florence Martin
Fayette County Schools
Consultants - Frances Atkinson
Bowling Green Independent Schools
- Margaret Brown
Shriners Hospital

GROUP II

PRIMARY EDUCABLE MENTALLY RETARDED

Mr. Nealon Gaskey, University of Louisville, made a presentation on language for the Educable Mentally Retarded child.

He stressed that the teacher should provide auditory and visual stimulation for children in order that they see something in their environment, think about it, talk about it, and be able to communicate.

Language development evolves in the following sequence:

1. Label - vocabulary development; word association with thing, word association with action
2. Categorize - word grouping with multiple criteria; class membership
3. Sequence - what will happen; what would or could happen
4. Association - relationship among things and actions; cause and effect relationship
5. Recall - single words and association of multiple criteria

The above sequence for language development is dependent upon student intake. The intake must be supplied in a variety of auditory and visual experiences supplied by the teacher. If these experiences are of sufficient quality and quantity, the child may then integrate and process them in the five listed stages of the integrative sequence.

The learning process, if structured correctly in terms of varied auditory and visual stimuli, intake and integration, should produce an adequate "out-put" response in vocalized language development. How well a child handles internal language and expressive language will determine how adequate his functioning is in the area of cause-effect relationship and projective reasoning.

NOTE: Primary Educable Mentally Retarded Sections I and II met together.

Section I

Chairman - Virginia Ruth Brewer
Grant County Schools
Recorder - Ruth Cole
Knox County Schools
Consultant - Nealon Gaskey
University of Lousiville

Section II

Chairman - Nancy Bell Scott
Middlesboro Independent Schools
Recorder - Edna Featherston
Fayette County Schools
Consultant - Billie Downing
Murray State University

GROUP III

INTERMEDIATE EDUCABLE MENTALLY RETARDED

Problems we thought would be of concern to attending teachers:

1. How can we teach children as individuals and work in groups?
2. What teaching materials are available? What programmed materials? How can the teachers secure these materials?
3. What areas of curriculum are most important in an Educable Mentally Retarded's life?
4. How do we secure good language ability in retarded children?
5. How do we utilize units of instruction?
6. What should be the balance between "academics" and "practical" aspects?

GENERAL PLAN OF WORK:

A panel of three persons	30 minutes
Group discussion and participation	45 minutes
Summary	15 minutes

Chairman - Anne H. Welsh
Fayette County Schools
Recorder - Mary May Wyman
Louisville
Consultants - L. Bradley Clough, Ph.D.
Morehead State University
- William Moore, Ed.D.
University of Kentucky

GROUP IV

JUNIOR HIGH EDUCABLE MENTALLY RETARDED

After introducing the members of the panel, Mr. Harmon distributed a list of questions among the group.* Due to the lack of time, only a few questions were discussed. The remainder of this paper includes comments and conclusions of the group.

There was much discussion concerning what group of children should be included in a junior high class of special education students. First, one must remember that the State of Kentucky is still in its beginning stages as far as special education is concerned. Not every law can be followed to the letter. Thus, the teacher becomes "guardian of the melting pot." It becomes the teacher's job to decide what group a child fits into, regardless of his I.Q. standing. There was much discussion concerning the I.Q. range. One example was that one child with a low I.Q. can do regular program work, whereas another with the same score cannot. Thus a child's placement should also be contingent upon the teacher's recommendation. According to Dr. Tisdall, when a teacher is included in the decision making, one major criteria to be used is that of behavior (how he functions academically) and another his potential (his capability). In summation, the group decided that it was the teacher who should determine the placement for each child, and it was also his responsibility to prevent his class from becoming a "dumping ground" or a "melting pot."

From the preceding discussion two related questions arose: (1) Should educable and trainable youngsters be included in the same group? And (2) What should we do with those children who pass from the junior high school level?

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*See pages 66 and 67.

Kentucky law states that trainable and educable children should be taught in separate units. In theory, this is as it should be, but in small counties this is not always feasible. In many Kentucky counties there is but one class for the mentally retarded and it must contain both levels. Dr. Tisdall, the group's consultant, reminded the group that there was nothing wrong with one or more school systems joining together to provide proper class placement. The only problem might be one of transportation. The group decided that having the two groups together was not a good one, but that it was better than no facility whatsoever.

This was a state-wide conference and, therefore, problems in some school districts were not problems in others. The problem of the placement of children above the age of 16 fits into this category. The larger school systems in the state already provide students with senior high work and with the opportunity to graduate from a high school program and/or a vocational school. Jefferson County, for example, is now formulating a curriculum with building plans to include its own vocational school for the educable group. At present they are working in a make-shift program using space available at a sheltered workshop which was designed for trainable children. Many teachers expressed the feeling that many of their accomplishments at the elementary and junior high levels were wasted since there were absolutely no programs at the senior high age level. When a child reaches that level he is placed in a regular program situation or is simply asked to drop out of school. Although no remedy for the situation was reached, some group members did state that the teacher himself might recruit another teacher to take the older group. Often a senior high or vocational unit is feasible but the school system is unable to employ a person willing to undertake the task of working with the children. If it is impossible to establish a senior high school unit, the junior high teacher must lay the groundwork and help to provide each child with the skills necessary for employment at his level. Much of this occupational help is simply counseling.

One of the concluding questions concerned grading. In a special education class, should one use A's, B's, 1's, 2's, S, U, or some other method? The group could not agree as to the form for grading, but it was decided that school systems should decide upon a uniform system for their particular use. Also, within a certain system each child should be evaluated using the same criteria. It was noted that, in may areas, the individual teacher determines the grading system to be used.

At the conclusion of the program Dr. Blackhurst, University of Kentucky Materials Center, was introduced. He told the group about the ready availability of materials for use by the classroom teacher.

The meeting was adjourned by Mr. Harmon.

Chairman - A. B. Harmon
Louisville Independent Schools
Recorder - Janet Collier
Jefferson County Schools
Consultant - William J. Tisdall, Ph.D.
University of Kentucky

DISCUSSION QUESTIONS

1. What are some of your objectives in teaching the Educable Mentally Retarded?

2. What are the best methods, techniques, and class features that will assist in reaching our objectives?

   Optimal class size
   Appropriate instructional materials
   Assistance from field experiences
   Preparation for employment

3. What problems are peculiar to the junior high retarded?

   Social
   Emotional
   Life experience
   Life expectancy
   Self-image

4. What tool subject skills should we expect the junior high retarded to have and to what degree should we expect these skills to be developed?

5. How do we deal with learning disabilities through remedial measures?

6. What should a junior high program offer if it existed in an area where there is no senior high program to follow?

7. What non-academic experiences should the junior high retarded have?

   Shop
   Home economics
   Physical education
   Music
   Clubs
   Etc.

8. How should the regular teacher assist in the junior high instructional program for retarded?

9. What role should ancillary personnel play in the life of junior high retarded?

10. What structural features are needed in a junior high school building to adequately house a good instructional program?

11. How can parent groups assist?

12. What information should parents be given individually and through group meetings?

13. What role should rehabilitation take at the junior high level?

14. Evaluation?

    Proper instruments for evaluation?
    Proper placement for the retarded?
    When should a retarded child be permitted to return to a regular class?

15. What's your question?

GROUP V

SENIOR HIGH EDUCABLE MENTALLY RETARDED

The group meeting for those interested in senior high educable mentally retarded was held in Room 1005, Sheraton Hotel, October 26, 1968.

Following registration, the group was welcomed by Mrs. Florence B. Morton of the Paducah Independent Schools. The group divided into three small groups for discussion and reported the following from the discussion:

Group one felt there are two most important things to consider in working with the senior high educable mentally retarded.

1. Help make the students feel a part of the high school. This may be accomplished by encouraging participation in extra-curricular activities of the school.
2. Motivate students to learn. One suggestion for motivation was to teach reading from the vocabulary which they use--such as word regarding the automobile.

Group two suggested that the subject matter taught to the secondary educable mentally retarded students should be of a vocational nature. Also, they stressed the importance of teaching these youngsters to have acceptable behavior in public.

Group three also felt we should correlate the academic with the vocational.

Causes for absenteeism were discussed. Some causes mentioned included children working on farms and in other capacities, poor parental attitude toward school, indifference toward school because of other pressures and problems, and perhaps, the student does not feel that he is a part of the school.

As a possible solution for the attendance problem, it was suggested that the teachers should try to make the classroom situation more interesting and work to motivate the child in such a way as to make him want to be in school every day possible.

At the conclusion of the meeting, comment sheets were completed by each participant. The purpose of these comment sheets was to get suggestions and ideas for future special education conference group meetings as well as suggestions for changes and improvements. These sheets were sent to Dr. Edwards.

Chairman - Florence Morton
Paducah Independent Schools
Recorder - Mary Louise Rider
Boone County Schools
Consultant - Coreta Pratt
Jefferson County Schools

GROUP VI

TRAINABLE MENTALLY RETARDED

The teachers of the Trainable Mentally Retarded met to discuss ways in which teachers in the field have implemented the ideas presented in "Basic Goals for the Trainable Mentally Handicapped," a brochure prepared by the Division of Special Education, State Department of Education, Frankfort, Kentucky. They also discussed ways in which they have used or added to the list of materials and equipment which was distributed by the Division.

Time did not allow discussion of the materials and equipment list as such, but descriptions of materials and/or equipment were included in discussions of the ways goals were approached or met.

There was some overlapping but the following record will attempt to follow the outline as given in the "Goals" brochure.

SELF CARE

Grooming

1. Self examination of grooming by the child is encouraged. A large wall mirror is a real help in this area.
2. Having the child fasten and unfasten clothes on himself rather than those on button-tie-zip-boards is preferable.
3. A suggestion by the teacher that the child check grooming before class time, before activities where he will be in public view, and before going home helps establish a habit.
4. Shampooing at school on Friday to prepare for social and church activities of the weekend helps the child establish pride in his appearance. In one instance, a dryer of the commercial type with chair attached was secured through

a beauty shop which was going out of business.

Brushing Teeth

1. In one class, kits were secured from a drugstore, and names were written on the box holding the toothbrush. The children read their names and selected their own brush, or they answered to their name when it was called. The visiting nurse got kits from Gleam Toothpaste, which is produced by Proctor & Gamble. Kits may be ordered without charge from: Proctor & Gamble; Ivorydale, I-75, and Reading Road; Cincinnati, Ohio 45208. When ordering, give the name of school district, type of child and age, and number of kits needed.
2. The film strips "How Apples Grow" ($1.00), "Billy Meets Tommy Tooth" ($1.00), and apple kits may be ordered from: National Apple Institute, 2000 P Street, N. W., Washington 6, D. C.

Identifying Self

1. Flannel board and names on cards can be used until children can identify with printed name.
2. Photographs can be used as an aid in recognizing self.
3. Movies of the children are excellent for showing progress in skills, stimulating verbalization, and helping children to see their growth in abilities.

Controlling Self

1. Stars can be drawn on paper discs and these awarded to children for keeping temper, not cursing, reacting well to "NO", etc. These can then be pinned on the child, who is allowed to wear them home.

2. Paper stars can be paper-clipped to a child's name in the pocket chart as a reward for being a good follower, completing a task, holding temper, etc. The child can then count his stars at the end of the day.

Completing Task

In one area, children, CA 16, as a part of a student aid program, picked up paper from the school grounds. The requirement was a full can of paper, with the emphasis on this self-interest goal, rather than on a broader, overwhelming goal of a clean school yard.

SOCIAL ACCEPTANCE

1. "Listening Chart" utilizing pictures of closed lips, hands folded, ears listening, quiet feet can be used to remind children of listening behavior. Children can point out the rule which was broken when they disturbed the class.
2. A chart of rules of the classroom can be made and displayed even though the children can't read the words on the chart. This delineates the rules and gives specifics for the children, which the teacher can read from time to time as the need arises.
3. One teacher uses "acting out" with pictures as a jump-off point. Another creates situations to instigate teaching of rules.
4. When the TMR classroom is included in a regular elementary building, the children can learn to take turns, be responsible for themselves, etc., on the playground. Normal children should be encouraged not to give in constantly to TMR's. Constant association with "normal" children in the lunchroom and at all school activities,such as movies and

programs, will stimulate TMR children to imitate acceptable social behavior.

5. Older TMR girls, of a chronological age, where makeup is used by their normal peers, should be shown how to use makeup properly.
6. TMR children should be taught how to chew gum properly and when it is appropriate to chew it.
7. When TMR children use four letter words, a word should be supplied which can be used instead. It should be stressed that the four letter word not be used, but that another word may be substituted.
8. Verbalizing the child's feeling for him will help drain his emotional excess, and also help him to understand his feelings. Helping to remember how he handled a similar problem in the past (either constructively or destructively) will promote better handling of this problem.

PROTECTIVE READING

A. A method of teaching protective reading, the goal of which was to teach that words have meaning and that words with undemonstratable meaning also have meaning, was outlined briefly.

1. The teacher displays, reads, and acts out an action word. The children act it out.
2. More and more action words are included as the children associate the appropriate action with the word.
3. The teacher gradually diminishes his active participation, until he only arranges the words in a pocket chart with a child's name supplying the noun of the sentence, e.g., "John jumps".

4. Later the word "and" is included to show that John does more than one thing.

5. Action words are arranged in random order and the child whose name begins the sentence performs the actions in the order named in the sentence, e.g., "Mary jumps, skips, hops, runs and sits". The children are learning that each word has a meaning. In this way the word "DANGER", for instance, which might not be demonstratable in the classroom, is understood to have a particular meaning. It has been demonstrated to most teachers that even non-verbal children are able to read a sentence of this type by using their ability to respond correctly, with actions, to the printed sentence.

B. Stanwix House, Inc., 3020 Chartiers Avenue, Pittsburgh, Pennsylvania, 15204, was suggested as a source of flash cards, books, and appropriate reading material for trainable youngsters. It was suggested that some of our children of poor socio-economic background, although testing in the TMR range are able to learn to read at a level of efficiency high enough to make this a worthwhile goal. However, this does not include all TMRs.

WRITING

No specifics mentioned.

PHYSICAL DEVELOPMENT

No specifics mentioned.

LANGUAGE DEVELOPMENT

No specifics mentioned.

MUSIC & ART APPRECIATION

1. It was suggested that Dr. Weber of Columbia University has a method of teaching retardates to read and play music. This method has been successful with a mongoloid girl.
2. Another help for teachers is the Carl Orf Workshop at University of Cincinnati. This one-week workshop is offered for grade or experience, and teachers may earn 3 graduate or undergraduate hours credit. The tuition and fees are $27 per hour. During this intensive, one-week training period the teacher is prepared to work successfully in music with retardates. For more detailed information you may write directly to the University of Cincinnati.

ECONOMIC USEFULNESS

1. One teacher described success with a program of progressing difficulty in traveling around the neighborhood alone, crossing streets, and going home from the bus stop alone. Cooperation with the home is needed for a project of this kind.
2. TMRs with CA 14-16 can be taught to stay home alone until the elementary school siblings get home. Specific duties can include making snacks, turning on TV, etc.
3. One class of older TMRs, CA 14, makes and sells popcorn at ball games. The room keeps the money earned in this way.
4. Cooking projects, including parties and luncheons, were recounted. One class made decorations and prepared food for

a luncheon for mothers. In another class, the children made their own party refreshments for each child's birthday.

5. Older girls were taught to piece quilts.
6. One boy, whose CA is 19, worked in the dining room of the hospital at Outwood and saved money to buy items for his personal needs.
7. Older TMRs, who needed sewing machines, made their needs known via a local community radio program (free), with the result that both electric and treadle sewing machines were donated to the class.
8. In one district, copies of the literature relating to materials and equipment are sent out into the community to encourage suggestions for gifts and donations of materials.

It was requested that ideas and suggestions be sent to the recorder so that they could be included in the record of the meeting. We are grateful to Elizabeth Woolwine of Princeton for giving us the address of the National Apple Institute.

Chairman - Edward Skinner, Jr.
Jefferson County Schools
Recorder - Jeanne Willis
Murray Independent Schools
Consultant - Elizabeth Parker
Division of Special Education

GROUP VII

NEUROLOGICALLY IMPAIRED

Speaker: Dr. Donald Cross, Department of Special Education,
University of Kentucky

Topic: Modification of Behavior

The major points in the presentation by Dr. Cross have been outlined as follows:

I. Definition of structure:

Setting up educational, emotional, and social experiences within the school environment.

II. Emphasis is on what can be done with something that already exists.

- a. There must be a clarification between behavior and its consequences.
- b. There must be a dependable and definite routine.
- c. There must be specific and limited tasks.
- d. There must be a follow through on task requirements and a check to see if the child reasonably fulfills the basic requirements.

III. There are some basic principles to be followed:

1. Consequences
    - a. Make children and teachers aware of consequences of behavior.
    - b. Present consequences for both good and bad behavior.
    - c. Have children apply consequences to their own behavior.
    - d. Structure the situation so the child knows the limits--what they are, how far he can go. If a child doesn't know the limits he becomes frustrated.

e. Teacher must become an accurate observer of behavior. (Count times child is out of his seat, talks out without permission, etc.) When observed, also note what happens, did consequences work?

f. Concentrate on one type of behavior at a time, then apply consequence.

2. How we observe:

   a. Event sample

      (1) Count events in given time--the event that bothers you as a teacher.

      (2) Get frequency count.

   b. Time sample

      (1) Frequency of overt behavior within time--look at child every 5 minutes or every 15 minutes and write down what he is doing each time you sample.

   c. Apply consequences after reasonable sampling.

      (1) Assign possible task.

      (2) If necessary, drop below his level to insure success--then increase task as seems expedient.

   d. Be sure child understands task.

      (1) Don't save up mistakes child makes.

      (2) Start each day fresh. This allows child to behave appropriately.

   e. Set behavioral limits and requirements early in the game.

   f. Use little verbilization.

      (1) Use sign often, rather than verbally berating the child.

      (2) Don't threaten and give in--follow through.

      (3) Be careful of what you say.

      (4) You manipulate the child--don't let him manipulate you.

g. Have child make up work he misses.

    (1) Hold him to the task.

    (2) If you find the task too difficult, back off, be honest and reset the task.

SUMMARY

1. Make child aware of consequences of behavior--emphasize acceptable behavior.

2. Be aware of positive as well as negative aspects.

3. Have child apply consequences.

4. Structure the situation.

5. Child must learn limits.

6. Teacher must become accurate observer.

7. Parents and teacher work together. Let parent know of child's behavior and help the parent to manipulate the child's behavior.

ULTIMATE GOAL: Move consequences from external to internal application. Child needs to learn to control from within.

Chairman - Diane Kaufman
Paducah Independent Schools
Recorder - Katherine Knoer
Binet School, Louisville
Consultant - Donald P. Cross, Ed.D.
University of Kentucky

GROUP VIII

VISUALLY HANDICAPPED

The meeting began with Miss Hilda Caton, Division of Special Education, introducing the consultants.

Miss Caton then described the role of the Division of Special Education in providing services for visually handicapped children as follows:

The Division of Special Education assists school administrative and instructional personnel in appraising the needs of visually handicapped children and in developing appropriate special education instructional programs for these children. It also assists local school districts in establishing special education programs for the visually handicapped.

The Division of Special Education is not a direct service agency for children, but it provides consultation to parents' groups, private agencies, special education teachers, etc., on educational programs. The Division will work with local school districts on in-service training programs with classroom teachers when visually handicapped children are enrolled in the regular classroom. The Division also administers federal training grants to teachers.

The Division is responsible for the ordering of textbooks and other educational materials for the legally blind under the "Act to Promote the Education of the Blind" and also assists in the ordering of large-print textbooks for the partially sighted through the free-textbook program.

Miss Betty Sue Hill described educational services provided by the local district. She discussed advantages to be had by a handicapped child when receiving educational opportunities in his local school. Problems of obtaining materials and some solutions were mentioned. It was emphasized that a good opportunity for development of the handicapped child could be had on local district level if: (1) Child was ready, (2) Parents and community were ready and (3) School was ready to work with the child either in regular or special classes.

Miss Annette Bettinger gave a most informative talk concerning the world's largest publishing house and manufacturer of aids for the blind, that of the American Printing House. The printing house produces Braille, large print and recorded materials on tape and disc. It also manufactures various tangible apparatus for use by the visually handicapped. The funding of operations, including Federal assistance since the Act of 1879, was mentioned. Procedures were outlined whereby services of APH could be had. Information regarding these procedures can be obtained by writing to: The American Printing House for the Blind, 1839 Frankfort Avenue, Louisville, Kentucky.

Mr. Charles Cox outlined the work of Kentucky Lions in their sponsorship of "Lions Eye Clinic." The procedures to follow in obtaining medical services for blind persons, both children and adult, were discussed.

Fact sheets concerning Talking Book Services were also distributed by Mr. Cox. Participants were encouraged to become acquainted with guidelines for Title IVB · Public Law 89-511 so as to obtain needed materials from this source.

Since most participants at meeting were familiar with the required program offering at the Kentucky School for the Blind, this phase was limited to a discussion of special offerings and programs originated by service to visually limited children.

Mr. Frank Franks discussed the objectives of the APH research program. Aids including various weighing and measuring devices were demonstrated. Research pertaining to aids for the visually handicapped clearly indicates that the immediate future should find special types of needed equipment under production.

The group discussion was limited to using all the services already available in Kentucky (when applicable) to ensure the most desirable educational opportunity to the child who is visually limited.

Chairman - Hilda Caton
Division of Special Education
Recorder - William Davis
Kentucky School for the Blind
Consultants - Annette Bettinger
American Printing House for the Blind
- Frank Franks
American Printing House for the Blind
- Betty Sue Hill
Owensboro Independent Schools

GROUP IX

SPEECH AND HEARING IMPAIRED

The points discussed by the Panel on Speech and Hearing have been outlined as follows:

1. Miss Elizabeth McAllister, Speech Therapist, Louisville City Schools--Presentation: "General Organization of Speech Therapy Program in Public Schools"
    - A. Contact the persons involved, such as the Principals of the Schools.
    - B. Case Selection
        1. Should selection be based on the number of sound errors?
            - a. Therapist needs to know which and how many errors.
            - b. Use simple artic test plus spontaneous speech.
        2. If the child can produce all sounds in the screen test, should he be considered? Yes, if there is not a speech improvement program in the school.
        3. Should he be selected according to need? Yes, greatest needs should be included first.
        4. Should selection be based on the type of problem?
            - a. Hearing loss, stutterers, and organic problems should be high on the list.
            - b. Include a few who therapist feels can be dismissed during the year to give therapist a feeling of success.
        5. Articles in ASHA Journals, which discussed case selection:

        - a. Two in 1966, one in 1969
        - b. Attitudes of the student and parent should be considered.
        - c. Length of time the disorders existed should be considered.
  - C. Scheduling
    - 1. Some cases demand individual therapy, and the therapist should include them if there is no other place to refer them.
    - 2. Schedule five in a group, only if the therapist can assist all five.
    - 3. Schedule all children with speech problems from one classroom at the same time if possible, or at least one group immediately following the other, if two groups are needed.

II. Miss Beverly Stanley, Audiologist, University of Kentucky--Presentation: "Auditory Evaluations in the Public Schools"

  - A. Need for a good screening program with a follow-up.
  - B. This is a continuing health service.
  - C. Major steps:
    - 1. Plan
    - 2. Screen
    - 3. Follow-Up
    - 4. Evaluation
  - D. Persons involved need to be considered.
    - 1. Principal
    - 2. Teacher
    - 3. Student
    - 4. Medical Agencies

E. Problems:

1. Confusion in change in calibration standard from ASA to ISO.
    a. Screen at 15db ASA, with top maximum of 20DB ASA.
    b. Comparison of ASA and ISO is different at different frequencies.
2. Improper test environment.
3. Failure to involve persons who have a knowledge of the program.
4. Failure to follow-up on a screening test.

F. Suggestions:

1. Screen first graders, the most important age group.
2. Forget bone conduction
3. Forget masking.

III. Dr. Ramelle Patterson, Director, Speech and Hearing Center, Kentucky Society for Crippled Children--Presentation: "Services Offered by the Society"

A. Note change of name to "Kentucky Easter Seals Society for Crippled Children and Adults."

B. Services:

1. Evaluation of speech, hearing, and language problems.
    a. Two audiometric suites
    b. Complete specialized audiometric tests when indicated.
2. Hearing aid evaluations
    a. Complete stock of hearing aids
    b. Service is recommendation only

        3. Counseling with patients and/or parents.
        4. Therapy, if necessary, with HOH, deaf, speech, and language for all ages.
    C. New Program:
        1. A new pre-school program with children with communication problems.
        2. Try to find the best method for each child to learn to communicate.
    D. Discussed service centers around Kentucky.

IV. Miss Judy Oliver, Kentucky Commission for Handicapped Children--Presentation: "Services Offered by the Commission"
    A. Diagnostic and treatment center
    B. Requirements to be eligible
        1. Under 21 years of age
        2. Parents indigent or can pay only part of treatment.
        3. Referred to Commission by anyone.
    C. Speech Department:
        1. Treats those who need speech therapy who also have medical implications.
        2. Anyone is able to receive free evaluation.
    D. Discussed the centers throughout the state.

V. Mrs. Elisabeth Churchill, Special Education Instructional Materials Center--Presentation: "Display and Demonstration of Materials"
    A. Auditory Equipment
    B. Speech Materials
    C. Language Development equipment and materials

Chairman - Ruth Parrish
Eastern Kentucky University
Recorder - Lauren Bowen
Jefferson County Schools
Panelists - Elisabeth J. Churchill
Special Education Instructional
Materials Center
- Elizabeth McAllister
Louisville Independent Schools
- Judy Oliver
Kentucky Commission for
Handicapped Children
- Ramelle Patterson, Ph.D.
Kentucky Society for Crippled
Children
- Beverly Stanley
University of Kentucky

GROUP X

GIFTED

Introduction by Hattie Glenn

Several years ago a program for gifted children was initiated in a certain school system. Children in the program had I.Q.'s above 125, were achieving two or more years above grade expectancy, and were otherwise healthy and normal. Pupil teacher ratio averaged about 20-1. Books, AV materials, supplies, equipment were bought and the program got under way.

The teachers selected to instruct the classes anticipated a teacher's dream. Bright children, small classes, plenty of materials. What could be more ideal?

However, problems reared their heads from the first day. The children were bright but some were bright and lazy, some were bright and immature, while others were bright and never seemed to know when to stop working themselves, their parents, and their teachers to death.

Classes were small but twenty lively children each with strong individual likes, dislikes, abilities, aversions, and above all, parents, can be a bigger handful than a large class of children of a more tractable nature.

Books, materials, and supplies looked tempting as they lined the shelves, but in order to use them effectively, teachers had to know the content, then plan curricula to use them. Many gallons of midnight oil burned that first year. It became quite clear that teaching gifted children was no bed of roses.

As the program got under way, pupils, teachers, and parents adjusted to new roles in education and things began to get better. They even became exciting and at one point someone was heard to exclaim, "We're working harder but enjoying it more."

Problems do remain, however, and we must face them honestly. Effective instruction means meeting the individual child's needs and gifted children have as many needs as less gifted children but they also may have increased intellectual, verbal, and physical energy. They do not sit placidly while someone else is getting attention; they must be occupied every minute.

Perhaps this is our most demanding problem: how can effective teaching be done in groups in such a way that instruction is individualized? What innovations are now available that can help us to pace our teaching to the learning tempo of each child? What techniques can we use to enhance our efforts in the classroom?

Mr. Bryan Muffett, Principal of the W. R. McNeill Elementary School in Bowling Green, can tell us a great deal about innovations. He has been involved in a program of learning designed to provide individualized instruction for the pupils at McNeill under a Federal Grant. Mr. Muffett is well qualified to tell us some ways that gifted children can be helped to utilize their diverse and unique abilities.

(Notes from a talk given by Mr. Bryan Muffett, Principal of the McNeill School, Bowling Green, Kentucky, to the group for teachers of the gifted at the State Conference on Exceptional Children, Sheraton Hotel, Louisville, Kentucky, October 26, 1968.)

I am not here to tell you what is taking place in the McNeill School. Instead, I think we might discuss some concepts to apply to the gifted as well as the average child in any kind of situation. My philosophy is based on what I have observed in classrooms where children have made progress. Many of the teaching techniques and materials that were used worked equally well with children who were gifted and children who were not so gifted.

I would like for you to ask questions and make contributions to the group. Most of you have had experiences with gifted children in your classes that will probably make me take a back seat. Don't get the idea that someone is coming in here giving you all the answers. I would like for some of my ideas to give you some clues, along with some knowledge about the gifted child.

First, we really need to look at the make-up of children in general and then look at the gifted child. I think that the average curriculum in most of our schools is geared to the average child. The gifted child is sometimes regarded as a quirk or "odd ball" and doesn't fit into the round hole. We are apt to think of him as abnormal, and in reality, he _is_ abnormal. He is gifted, and this is abnormal as far as the general population is concerned.

In developing programs for all of our children we must provide for this child, the abnormally gifted child. Some gifted children are poor performers. We see them in our classroom and wonder why they have lazy habits. We often help them develop these habits because we are not providing interesting, challenging experiences for them.

What we really must do is trust these children. We must be sure the children understand that we trust them and have confidence in them. If we expect more of them they will accomplish more; if we expect little, they will accomplish little. I think that the way to get through to a child, and particularly the gifted child, is to provide experiences and all the media possible; then give them ample opportunity to direct their own learning.

What kinds of material would you use with gifted children? Any thing that interests gifted children should be used. There should be no limits. There are three or four basic things of particular concern for the gifted child:

1. How independent is he?
2. Is he a happy, well-adjusted individual?
3. Is he free to decide what he needs, then to learn what he wants to learn?

The responsibility of the teacher is to help the child identify his needs, then to build his needs into activities that hold interest for him. This requires an individualized program. This may seem to be impossible with six hundred children, and it really is. But, if we develop a variety of activities with varying degrees of difficulty in each area, and permit the child to choose those best suited to his ability and interest, we can begin to see the individualization process take form. By observation and analysis of the child's needs and interest we can help him pace his progress to his ability. This should be a cooperative effort between teacher and pupil. If we work with children with a positive approach and recognize those things they are attempting, we will be aware of the contributions they can make. Children, too, will see this and we will see a real growth.

Let each and every child continue at the rate he is able to maintain. We must give children a sense of direction and guidance in the process of learning and then get out of their way. We often stand in the way of children.

All materials should be used. Let the children utilize all audiovisual materials, tape recorders, film strips, film loops, record players, etc. Let the children handle these themselves in self-directed activities. They will take better care of the equipment than the teacher because they will take more time. But they must be taught to do self-directed activities with the use of equipment and materials. Do not plunge into widespread child-directed use of these things suddenly or you will have a mess on your hands.

Bright children often know what they can do for another child. We should turn children loose and give them some freedom letting them do what they can do. Gifted children should have the choice of advancing an activity or a topic of research. There are many elementary children who can do research. There are so many materials available that a gifted child will never be able to completely learn to utilize. Children should be allowed to pursue topics in their fields of interest, to write additional units for other children in the class, to go beyond the subject in thinking up activities.

We like to see children, gifted or otherwise, involved in the learning process; the independent learner accepting the responsibility of learning, himself. How do you go about doing this?

There is no standard achievement test that will measure these things about children. Is there any way of measuring this ability? Is there any way of measuring a child's attitude toward learning? This is done by the observation of the teacher and can be done best through the association of children with one another in the classroom.

Chairman - Hattie Glenn
Jefferson County Schools
Recorder - Martha Cochran
Fayette County Schools
Consultants - Bryan R. Muffett
Bowling Green Independent Schools
- Betty Lou Smith
Bowling Green Independent Schools

GROUP XI

ADMINISTRATION

Presentation by Thomas H. Robeson

I. Introductory Statement:

This morning I would like to talk to you about five major State and Federal programs which provide financial assistance for Special Education: Title III of the Elementary and Secondary Education Act; Federal Quota and the Free Textbook Program; Public Law 85-926, as amended, or the Scholarship Program; Title VI of the Elementary and Secondary Education Act; and the Foundation Program.

II. Title III, Elementary and Secondary Education Act:

The Title III program provides grants for supplementary educational services and centers designed to stimulate and assist in providing vitally needed services not available in sufficient quality or quantity in local school districts, and to assist in developing exemplary elementary and secondary programs to serve as models for incorporation in the regular school program.

A newly instituted feature of the program requires that 15% of the State's allotment will be used for special programs for the education of handicapped children. Details on the procedure to be followed in applying for a grant under Title III, ESEA, are contained in the State Plan.

We have placed on the table "Excerpts from Kentucky's Title III State Plan" pertaining to the 15% earmarked for the education of handicapped children. You may wish to pick up a copy at the end of the session.

III. Federal Quota and Free Textbook Program:

I would like to move on into the second facet of special education which has to do with the Federal Quota and Free Textbook Program. The Federal Act of 1879 provided educational materials only to those blind children who attended the various state institutions for the blind. This Act was amended in 1956 making these educational materials available to any students who are legally blind that are actually enrolled in the regular public schools as well as in schools for the blind.

Registration of blind students and ordering of the educational materials are handled through the Division of Special Education.

School districts are contacted early in January of each year. At this time, forms are sent to them on which they are to list legally blind pupils who are enrolled in the public schools of their district on the first Monday of January.

School districts select books and materials that are manufactured by the American Printing House for the Blind. This list is sent to the Division of Special Education for approval and then forwarded to the Printing House. Approximately $60 per child is available through this account. No monies are allocated to the Department of Education or to local school districts. The funds are retained by the American Printing House for the Blind in an account for each State Department of Education.

There are three pieces of literature on the table which relate to the Free Textbook Program for pupils with impaired vision and the Federal Quota. Please feel free to take a copy of each at the end of the session.

IV. Public Law 85-926, as Amended:

The third facet of special education deals with the Scholarship Program or Public Law 85-926, as amended. Under this law, scholarships are provided through colleges, universities, and State educational agencies to encourage promising persons to prepare or to improve their competencies for positions in the education of handicapped children.

Of the total monies allocated under this Law, eighty percent (80%) goes to the colleges and universities and only twenty percent (20%) to the State Departments of Education.

Probably one of the first questions to come to your mind is, "What types of scholarships are available under this program?" Actually, there are four:

1. Junior and Senior Year Traineeships are provided for full-time study for one academic year at the junior or senior year college level with major emphasis in an area of the handicapped;
2. Summer session Traineeships are for full-time study in an area of the handicapped during a college or university summer session;
3. Fellowships are for full-time study at graduate levels for one academic year with major emphasis in an area of the handicapped; and
4. Special Study Institute Traineeships enable recipients to participate in a planned program of study sponsored by a college, a university, or a State educational agency for intensive study and to acquire experiences relating to the handicapped. The institute must be for at least three consecutive days.

Because of the shortage of certified special education teachers in Kentucky, most of the money allocated to the Department of Education has, in the past, been put into summer session traineeships. These traineeships provide a stipend of $75 per week to the recipient and a support grant of up to $75 per week per trainee to the college. The purpose of the support grant is to cover the cost of tuition of the trainee, as well as, to assist and enhance the program in which the trainee is enrolled.

For the current award year--that is, the 1968 summer session and the 1968-69 academic year--the Kentucky Department of Education received a grant of $90,413. With this amount of money, forty-nine (49) 1968 summer traineeships were awarded. It should be noted that a total of 204 persons applied for a summer traineeship and money was available for only 49. The recipients were selected by a Selection Committee composed of local school superintendents and supervisors who met for one full day to review and evaluate the applications.

I would like to emphasize at this point, that the grant program administered by the State Agency is not the only source of financial assistance to persons preparing for employment as special education teachers. As previously indicated, colleges and universities often have training funds available under P. L. 85-926. In addition, WHAS Crusade for Children scholarships are sometimes available through the University of Kentucky, and the University of Louisville. Persons interested in obtaining financial assistance from either of these two sources should contact the Special Education person at the college. Title I, ESEA, funds are sometimes available for training teachers. Persons interested in seeking help from this source should talk to their local Title I Coordinator or the person in charge of the local Title I project. Applicants who do not receive one of our traineeships are encouraged to investigate these possible sources.

In addition to the 49 summer traineeships, two academic year fellowships were awarded to persons who are currently attending graduate school. Both fellowships were in the area of mental retardation and at the master's level. This level of fellowship provides a stipend of $2,200 for the academic year, plus $600 for each dependent. The college receives a support grant of up to $2,500 and, therefore, the fellow is not charged tuition.

We do not know the allotment for the 1969 summer session as of this date. However, in planning for the coming session you should be aware of the following minimum qualifications for receiving a traineeship or fellowship.

1. The recipient must be a teacher, a supervisor, an administrator, a speech correctionist, or other specialist in the education of handicapped children or a person preparing for such a position;
2. The recipient must be accepted by a college or university in the United States that has a Special Education Program approved by the appropriate State agency;
3. The recipient of a graduate fellowship must hold a baccalaureate degree or its equivalent;
4. The recipient must be a citizen or a national of the United States, or be in the United States for other than a temporary purpose and intend to become a permanent resident; and
5. The recipient must not be concurrently receiving assistance under Public Law 85-550, as amended (Veterans Readjustment Assistance Act of 1952); or must not be receiving any direct Federal educational benefit other than loans.

There is one last thing I wish to mention regarding the scholarship program. A person desiring to apply for a scholarship through the Kentucky Department of Education should direct inquiries to the Division of Special Education, Department of Education, Frankfort. We anticipate that application forms and the procedures for applying for a 1969 summer traineeship will be ready for distribution around the end of November. Persons interested in applying should contact the Division at that time. In regard to applying for a graduate fellowship, persons should contact the Division around the middle of January.

V. Title VI, Elementary and Secondary Education Act

The fourth facet is Title VI of the Elementary and Secondary Education Act. This Title provides grants to States for the education of handicapped children. The law required the development of a State Plan for participation in the program. The Division of Special Education was assigned the responsibility of developing the State Plan and the implementation of the Title.

The State Plan was approved by the State Board of Education on November 8, 1967, and approval by the U. S. Office of Education was received in January, 1968. In March, 1968, Kentucky received a grant of $235,368 to be expended under the State Plan for the 1968 FY. These funds were to be expended through August 31, 1968.

Local school districts were contacted relative to the submission of projects for summer programs for the education of the handicapped. As Title VI did not include a formula for a distribution of the basic grant of funds to each local school district, all local school districts were informed that:

1. Any school district could submit a project proposal for the education of handicapped children under Title VI;
2. Funds would be available to the local school districts on the basis of an approved project; and
3. All project proposals would be reviewed on the basis of the Kentucky State Plan, and monies available.

Twenty-six (26) projects were approved for summer programs and included varied summer enrichment programs for the education of all types of handicapped children and youth.

Title VI funds will again be available for summer programs for the education of handicapped children and youth for the 1969 summer session.

We have not received the grant award for the 1969 fiscal year, as of this date. However, it is anticipated that there will be a slight increase in the total funds available to the State of Kentucky under Title VI for this fiscal year. All local school districts will be contacted as soon as definite information is received.

VI. Foundation Program:

The last facet of special education about which I wish to speak this morning is the Foundation Program Law which was passed in 1954. Under this Law in KRS 157.360 (5), classroom units for teachers of exceptional children are allocated to school districts provided that the district meets State Board of Education Regulations relative to:

1. The requisite number of exceptional children in membership;
2. approved teacher;
3. approved program; and
4. approved housing in a school building.

Types of exceptional children for which a classroom unit may be allotted are:

1. Educable Mentally Retarded
2. Trainable Mentally Retarded
3. Hearing Handicapped
4. Visually Handicapped
5. Neurologically Impaired
6. Emotionally Disturbed
7. Speech Handicapped
8. Crippled and Other Health Impaired

Each classroom unit serves only one classification of exceptional children as listed. Children with multiple handicaps are classified for educational purposes by the major educational handicap.

In establishing a clsssroom unit for teachers of exceptional children, the local school superintendent, with others of his professional staff, should begin planning at least a year in advance of the time that the program is to be initiated. The Division of Special Education stands ready to render assistance in the establishment and implementation of the programs, to give interpretation of the instructional services required by handicapped children in each classification, the needed physical facilities, the kind of special equipment and instructional materials and aids, and basic housing consideration. Briefly, I would like to outline the steps to follow in establishing a unit. We would suggest that you notify the Division as soon as tentative plans are being made, in order to ascertain whether or not units may be available for you to base your planning.

1. Identify the children who need to be enrolled in a special education program;
2. Locate appropriate facilities;
3. Select a well-prepared and certified special education teacher. Check qualifications with the Division of Teacher Education and Certification, State Department of Education, at an early date;
4. Plan and carry out a program of community education to gain the acceptance and support of parents, civic and business organizations, public and private agencies, school personnel, and the general public;
5. Arrange for an adjusted curriculum for the classification of exceptional children enrolled in the classroom unit. Consider the special instructional materials and equipment needed;
6. Request tentative allotment of classroom units for the instruction of exceptional children from the State Department of Education by filling out the "Application for Tentative Approval for Classroom Units for Teachers of Exceptional Children" in accordance with KRS 157.360 (5);

7. After receipt of "Tentative Approval" from the State Department, activate the classroom unit.

You may be interested in knowing that the number of classroom units for exceptional children has increased from 99.3 units during the first year the Foundation Program was in existence to a total of 790.0 units for the current school year. This growth has been due to a number of factors: Increased State aid; increased opportunities for teacher preparation through expanded programs in Kentucky colleges and universities; increased number of qualified teachers, to cite but a few.

The greatest increase has been in the area of mental retardation. In fact, all areas of Special Education have grown in number of classroom units with the exception of the visually handicapped. The trend in Kentucky, as nationally, is to enroll the visually handicapped in regular classes and to provide special materials and equipment.

It is encouraging to note that the budgetary allotment for classroom units for exceptional children for the 1969-70 school year is 1,060.0. This means that 270 additional classroom units may be established in the next school year. Local school districts interested in establishing new or additional Special Education classes should begin planning now. I would encourage you to contact us relative to your tentative plans, as we are most anxious to work with you in the planning and development of new programs.

VII. Conclusion:

This morning, I have attempted to present an overview of the State and Federal programs which provide financial assistance for special education. I am sure by now, that you have some questions to ask about these five programs or facets of special education. If so, we would be happy to try to answer them.

Chairman - Thomas H. Robeson
Division of Special Education
Recorder - L. P. Howser
Kentucky School for the Blind
Consultant - Mary C. Parrish
Division of Special Education

Kentucky Special Education teachers take advantage of opportunities to exchange professional ideas while attending the luncheon.